

ABSTRACT

Title of Document: WHAT IS A BLACK MAN WITHOUT HIS
PARANOIA? : CLINICAL DEPRESSION AND
THE POLITICS OF AFRICAN AMERICANS'
ANXIETIES TOWARDS EMOTIONAL
VULNERABILITY

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In an interview after his departure from television and a rumored
“breakdown,” the comedian Dave Chappelle asked Oprah Winfrey, “What is a black
man without his paranoia?”

This question forms the crux of a dissertation which addresses African
Americans’ attitudes toward clinical depression, in general, and black men’s anxieties
toward emotional vulnerability, in specific. Using the concept of “paranoia” as an
indicator of a healthy skepticism toward medical authority, this dissertation
deconstructs the concept of depression as a discursive construct and moves it out of
the bounds of science and into the precincts of cultural emotion theory. Opting for
theory over science, this dissertation argues against the erasure of social and cultural
narratives and explores how race and gender can inform our interpretation of
depression.

Using textual readings, historical comparison, and ethnography, this dissertation examines the politics involved in addressing the emotionality of black men. It is concerned with how definitions of blackness, manhood, crisis, worth, and belonging impact black men's understandings of emotional wellness and inform African Americans' attitudes toward the emotional performances of black men.

Two popular books on African American's mental health (*Black Rage* by William H. Grier and Price M. Cobbs (1968) and *Black Pain* by Terri Williams (2008)) are examined within their respective historical and social contexts to track the changing cultural discourse on African Americans' mental health and the role of gender in understanding narratives of wellness. And concepts family, labor, and responsibility are explored as implicit elements in black men's attainment of manhood in a comparative examination of the Sanitation Workers Strike (1968) and the Million Man March (1995).

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ANXIETIES TOWARDS EMOTIONAL VULNERABILITY

By

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Preface

Crazy People

For as long as I can remember, I have always had a fascination with crazy people.

Those people who did not live by the logic of the rest of us, the ones that looked up in to the sky and directly into the sun (at times), the ones that could tell the truth but couldn't tell the time. They smelled and were unkempt, sometimes. At other times they were as clean as the rest of us. But they were never us, they were never normal. Some of them were the center of public disturbances: every summer, every Christmas, every Saturday night. While others stood out not because of what they did, but rather because of what they didn't do: they never grew-up, they never moved on, and they never moved out.

They all had a story, but seldom were they the writers of their stories. Their lives were strung across the neighborhood like laundry, for everyone to see. Their stories were recollected as cautionary tales for children to show how drugs could destroy potential or how bad families raised bad children or how the world could break you if you weren't careful. No one asked them about their lives or how they got to be "so crazy," so different from the rest of us, because we knew enough already. Their stories were never for them, they were for us. They were a living lore, a walking index of symbols and events, that kept us on the side of the "right minded."

We'd speak with their parents, their grandparents, their sisters, brothers, wives, husbands, and girlfriends on the street or at the store mentioning patience and grace, Jesus and a bigger plan. We'd walk away feeling as if we had done the right

thing, the best we could do. But in our compassion we knew that the suffering they bore couldn't be spotlessly washed away with prayer; we knew that no miracle would descend to loose that which held their loved ones. Nevertheless, we needed them to be strong and accept that the question of "why?" would be answered in time. In placing the matter in bigger hands than our own, ours became free, but the possibility of being 'touched' ourselves remained. This fear helped keep everything in order: our beliefs, our behaviors, and our dreams. What interested me most, in this social calculus, was I understood early on that we needed these crazy people more than they needed us.

We needed them because they lived a life impossible to know, and mystery had its uses. We could act like them, and wear that empty stare or don that voluntary neurotic tic. Acting crazy could keep threat of violence or judgment at bay, because no one would raise a hand against those not bound by rules and no one could rule against a person not bound by reason. Acting crazy also allowed us to say things we would not normally say or do. We could confront authority, curse God, damn the preacher, and incite the Devil in the same vitriolic breath and retreat to a simple explanation: "Aw, I was just actin' a fool." We used craziness like a second veil, in a world that needed things to "make sense," but we knew of nothing beyond the curtain. It was a game we played when the cards were stacked against us, a game we could quit at any time.

Crazy Nate

I think of “Crazy Nate.” Honestly, I can’t remember his last name or his people. All I can remember are the uses we made of him. I was close to fourteen, when Crazy Nate made his impression on me. I usually encountered Crazy Nate when I was in places I should not have been and doing things that I should not have been doing.

My neighborhood friends and I would chip in for a case of Old English 40 oz. bottles. We’d get two for five dollars and waste most of it in libation rituals we learned from watching Cooley High. Crazy Nate was our entertainment. We never physically confronted Crazy Nate; we just wanted to fuck with him.

Nate wore large bifocals that hung off his face like a poorly hung painting. His brow was always sweaty and furrowed, and he wore a constant look of surprise; it was as if that expression helped to keep the glasses on his face. He wore the same clothes all summer, it seemed. Nate never drove, he always walked. We’d see him at the playground, out in back of the beer distributor, or at the basement rent parties.

We’d harass him on a dare: “Nate? Where that party at Nate?” “Damn Nate, you stink! You shit on yourself!?” “We gonna take them sneakers, Nate.” “Go on wit yo’ crazy ass, Nate.”

Nate would have the same response whenever we called him Crazy: “Aw, hell naw! Nate ain’t Crazy... Nate ain’t crazy.” He would say, doing a circular bop with a pivoting fist pump that I can still see but can’t describe in words, even now. The repetition of his movements and mantra was probably soothing to him, perhaps as much as we were probably a pain in his ass.

Nate would drink and get high, too. It was usually the boys in high school that gave him some weed or a beer. He'd hang a little with them, get drunk and start talking to himself. I never knew if he wanted to be like everybody else or if he was drowning out some pain or both. In retrospect, I believe Nate had Down's Syndrome, but, again, I am not sure.

A couple of years back, I seen him in Joe Capp's, the black hole-in-the-wall bar in Lancaster and bought him a beer. No conversation. Just a nod and a beer.

"There go ol' Crazy Nate" I'd say to those same friends. "He still around!?"

We'd do the dance and sing the song, in a muted sort of way: "Aw, hell naw! Nate ain't Crazy... Nate ain't crazy."

Too Damn Cool

And then there was Cool. Cool told the world that you were untouchable. Cool meant that you could be in the world, but not of it. Cool meant you had an awareness of something that most other people didn't and that you felt no obligation to share this information with them. In a strange bit of magic, Cool helped us to become visible by making ourselves invisible. Style, swagger, and surface took the place of the kids we were just a summer ago; it was expected of us.

When the Funky Fresh Five became the 100% Live Posse, I was permitted into the fold on the virtue of having bought two professional deejay turntables with the money that my mother had saved for college. Previous to this purchase, I was the chubby kid at the end of the street. I was not Funky, Fresh, or Live to any noticeable degree. The turntables were my talisman.

This was during hip-hop's second era; after the music and culture had left the confines of New York City but before MTV had gone "urban." I listened to the late night radio shows broadcasted from miles away. I watched the movies Beat Street and Wild Style, repeatedly. And as with any youth culture, my identity was, in part, constructed out of the things I chose to consume as well as those I chose not to. But there was another part that couldn't be bought.

Cool was older than Hip-hop. Cool was the way that your great-uncle moved in a woven fedora and three-piece seersucker suit in the middle of summer and "didn't sweat a drop." Cool was the way that the "old-heads" (then anyone over 25) said "shit" in a long, drawn out almost musical way to punctuate their distaste with something. Cool was the way that black men held on to something denied. Cool was reclamation and return. Cool was our best effort not to go Crazy, but sometimes this backfired.

In my eyes, at that time, Sean was the coolest motherfucker on my block. He and his brother Paulo brought the 100% Live label from New Jersey, where another family member had originated the idea. Sean was the oldest by two years, I think. Whereas, Sean was aloof and reserved most of the time, Paulo was louder and more arrogant. But Paulo never acted as the younger brother. The sibling rivalry between the two became evident at times, and Paulo could be ruthless in his insults. It seemed that Sean had the art of non-expression in such situations down pat and diverted Paulo's comments by ignoring them.

I wouldn't say that I was tight with Sean. I had more contact with his brother, but I wouldn't say that I was tight with him either. During those high-school years,

most of the connection I had to “the 100” was through music and deejaying, but I was just an affiliate, the “kid down the street,” and I was perfectly fine with the association.

This affiliation enabled me to attend parties as a back-up deejay (as I never moved my own turntables out of my bedroom). Such a position allowed me to avoid the awkward situation of dancing. Strangely enough, I could keep rhythm well enough to mix music, but I could not communicate the same rhythm to my feet. I stayed close to the crates of vinyl and got the attention of girls by not trying to get it. I was Cool, and that was what mattered most.

But on the inside, I was insecure like many boys at that age. The clothes I wore, the equipment I accumulated, and the detached and silent persona I cultivated seemed, at the time, to be a replacement for all that I believed that I was lacking. Unlike my friends, however, I also carried an intense anxiety toward my own masculine performances because I had grown-up in a house of women. All of my friends had grown up with a brother, father or a father-figure in the house or across town. I always felt that I was improvising, in the moment.

I arrived when a core member of “the 100” said critically, “You act too motherfucking Cool. Why don’t you smile or something?” I don’t recall what actually inspired that comment, but as I interpreted then, I felt that I had mastered the act. I learned to submerge those things that would interfere with gaining the respect of my peers.

In effect, I learned at this moment that I could become two people: one who could navigate the social world, a persona of respect, beyond reproach; and another

that I kept to myself. At the time, this division didn't seem to be important; it was just the way it was. It was only later that I learned that I could confuse the act with reality, making my reality all the more difficult to change. And, I also learned, I had more in common with Sean than an appreciation for the black male tradition of Cool.

I had sold my turntables to Sean before I moved to Albuquerque in 1993. I didn't need them; they seemed like baggage in more ways than one.

Sean asked, "Why you going way-the-fuck-out-there?" when I collected the money. My short answer was to finish my undergraduate degree, but the real reason, even though I didn't understand it fully at that point, was that I was tired of the same old shit: the weekends, the posturing, the cooler-than-thou pageantry. It was matter of 'growing-up.' However, I eventually learned that you couldn't change your mind by changing your address.

It was in Albuquerque, that I begun to have my first full blown depressive episodes and experiences with anxiety. The Cool that I had cultivated in my early twenties, began to fall apart as I approached thirty. The gestures, rituals, and performances of Cool became hollow, and I smoked more than my share of marijuana to help me forget the other self that I had left behind for Cool. Coming out of that part of my life has been a long process of remembering and, in effect, recreating myself. But it has also been a lesson of Cool and the ways that Cool runs up against Crazy.

Two days after Christmas in 2000, I received a call back from someone who I had just hung up with: "Oh, I forgot to tell you. Sean's Dead. He shot his self." It was stated very matter-of-factly.

It was only until after the funeral that I heard Sean had been diagnosed as bipolar. I say 'heard' because some denied it, while for others the diagnosis explained everything. They spoke of the medications he took and sometimes didn't. I couldn't say that I never seen him in his manic state, but I could remember how he could "party" and "get hype" at times. I never really made anything of it.

Rumors swirled as rumors do when there is no longer any truth to contradict them, because not everyone believed that a 'chemical imbalance' was the cause of his suicide. It was rumored that he had killed himself because he was distraught over a refused marriage proposal. It was rumored that he was cleaning the gun and it went off, because suicides don't iron their clothes for the next day. It was rumored that he killed himself because he was secretly gay, but close friends relayed the many "missions" they had run with women together.

Science and rumor. Discrete and messy. These explanations said more about what we didn't know than what we did. Absent from all of this was the other person that was Sean.

Back at Joe Capp's, the perennial place for worldly mirth and earthly mourning in black Lancaster, somebody who had fought with Sean years ago gave perhaps the best explanation of how what had happened happened. This explanation was not for him, but for us:

"Nigga always acted as if he was too fuckin' Cool for everybody."

Apologia

I have been there, but I am here now.

I tell these stories for three reasons. The first reason is to explore what ‘crazy’ and ‘cool’ have meant in my own development. The second reason is to surface how matters considered to be “medical,” occur within very social and cultural contexts. And third, I tell these stories in hopes of revealing the difficulties involved in writing such a dissertation. These difficulties are not so much my own anxieties over personal exposure, of laying open my own story, but rather they extend from what I see as the layers of meaning that stand in between my topic and the unraveling required to talk about it correctly. Much of this lies in the role I play in the story.

To some degree, I relinquish my “expert status” in writing a dissertation on black men and what we now understand as “clinical depression,” because I feel that the objectivity that such a position signals is not possible at this writing. As an individual, a man, and an African American, who has been touched by depression, I cannot take that stand.¹ Furthermore, I do not offer my story or my research as a model or example for anyone to follow. The act of writing this dissertation is a selfish act.

On this point of selfishness, I am reminded of a comment I read somewhere, someplace, regarding the role of men in feminism. In commenting on the cavalier ways in which some men engage in feminism, as if their responsibility is to save and protect women, the speaker pointed out the true intention of such work: to save

¹ By the term “touched,” I am drawing a connection to African American vernacular expression of being “touched in the head.” That statement is generally used to refer to persons who are slow or who violate social mores because they don’t know any better. Its use in my case is intended to be extreme in describing my experience with depression; however, I use it because it feels more native than saying that I am clinically depressed.

ourselves.² *In choosing to write on mental health and African American men, I am engaging a similar principle. I am not here to save anyone, nor do I see my work as a heroic (like some efforts of social justice are portrayed). And I cannot wear the mantle of the provocateur; though I can understand why my comments may be taken as such.*³

In working to disconnect the discussion of depression from its place as an epidemic and a fact of biology, I understand that this may go against some people's understanding of their own experiences and those of their friends and family. Many people have found the help they need through medical treatment. This work is not intended to discount those successes. Rather, my desire is to argue there are other ways of viewing depression that allow a greater degree of agency than the biochemical/medication model that has become so prevalent in our society.

As a student of culture, I am not here to offer solutions or cures. My interests lie in the messiness of identity categories, the inexactness of words, and how things built upon them are made to appear more solid than they actually are. This instability applies to my own perspective as well. I am conflicted as well because I want to articulate my own understanding of my experience. I want to tell the story of not wanting to be labeled as "depressed," of the blind alleyways of prideful assertions, when I, as I have been told, "love to suffer so much." But on the other hand, I feel I have a level of responsibility to not be so skeptical of contemporary medical

² These are the ideas of Andrea Dworkin. I have read others paraphrase her ideas in several places, usually male authors. The one instance I have a citation for is Robert Jensen, *Getting Off: Pornography and the End of Masculinity* (Cambridge, MA: South End Press, 2007). pg. 6

³ I do not intend this to be taken as slight against social justice work as such work is, in part, the reason why I thought this dissertation was possible. Indeed, I am conflicted on this point, because writing this dissertation feels in no way heroic.

narratives, for I fear being dismissed for writing against the grain of official knowledge. All the pages that follow may only amount to an act of denial cloaked as an act of resistance, yet I still feel that it is worthwhile to write it for the sake of nothing less than trying to see things differently.

This dissertation is a think piece, and my greatest hope for my reader is that he or she understand that the concepts of blackness, masculinity, and depression are only stories, in themselves, and that if we are to address the topic rightly we must see them as stories, while remaining aware of that we ultimately choose what these stories mean to us. I believe that “story” is an analogue to discourse and I also believed that blackness, masculinity, and depression offer their own stories, which sometimes overlap and at other times collide. Separating these matters is not a simple task; it requires of us to let go of the givenness of these concepts. The diverse materials and precincts of knowledge that I bring together in this dissertation are an effort to unravel how social position and identity politics as well as cultural investments in notions of mental and emotional health are continually shifting and mutually enforcing upon on another. In the end, I may raise more questions than provide the answers to them; nevertheless, such work is necessary, albeit messy.

American Studies is the proper “place” for such work, because of the manner in which it encourages scholars to be led by the needs of addressing their topics fully and rightly rather than the limits of the methodologies imposed by individual disciplines. As it has been suggested by the sociologist Avery Gordon that the mark of a truly interdisciplinary work is one that forges new paths of understanding and speaks above and beyond the disciplines it uses, toward something that is both new

and necessary.⁴ In my own explorations and uses of black masculinities, the history and discourses of medicine, cultural studies, and ethnography, I envision this dissertation as a starting point to something interdisciplinary in the most creative sense, for the subject and the subjects of my study demand it.

⁴ Avery F. Gordon, *Ghostly Matters: Haunting and the Sociological Imagination* (Minneapolis/London: University of Minnesota Press, 2007).

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A Normal Paranoia

“Stressed.” “Overwhelmed.” “Pressured.” These are words Dave Chappelle used to describe his emotional state preceding his exodus from the *Dave Chappelle Show* in the spring of 2005. The comedian, who was shaping up to be the heir apparent of Richard Pryor’s comedic legacy of racial and social commentary, had come to a point where he began to question what was “funny” in his work; he wondered if his audience was laughing with him or at him. His abandonment of a \$50 million contract and his unannounced respite to South Africa inspired a rumor mill of possible scenarios in the press and Internet chat rooms. Stories that Chappelle was “on drugs,” he had “gone crazy,” or that he was “in a mental institution” were bandied around until he surfaced again. On *The Oprah Winfrey Show* (February 3, 2006) the sedate Chappelle responded to Oprah Winfrey’s questions concerning “tipping points” and “downward spirals,” all the while staying close to his account of the “stressful” circumstances kindled by friends who told him that he “was not well.” Able to make others laugh and to laugh at himself, Chappelle appeared well enough; nevertheless, something larger than the personalities of Chappelle or Winfrey, and more complex than “stress,” was left out of the conversation.

During the entirety of Chappelle’s time with Winfrey no mention was ever made of “depression.” Instead, Chappelle repeatedly used the terms “stress” and “stressful” to describe his precipitous mind state. The absence of any mention of depression, clinical or otherwise, is intriguing considering its omnipresence in contemporary common culture, and its ability to describe everything from major life

crises to our discontent with relationships and careers to our dissatisfaction over the losing streak of our favorite sports team. Its usage in situations of mood is almost ubiquitous. “Depression” would have seemed fitting to illuminate the comedian’s recent actions, which were so unlike what we had come to expect. “Depression” could help describe this different and changed “Dave” to us. It could have been a convenient explanation. The absence of the word from the aired broadcast could have been because it was, perhaps, never spoken; however this would be as likely as discussing the 2008 Presidential campaign without mentioning race or gender. Or perhaps, its absence from the conversation was a matter of agreement between Chappelle and Winfrey, and the word was pruned from the final product like a weed. Admittedly, this is all speculation upon a matter that doesn’t seem to matter. “Stress” works for the aired episode, because it tells us of the forces that shaped Chappelle’s actions and decisions, and lets us understand “why” he walked away from it all.

Nevertheless, while Winfrey’s words pushed the dialogue towards therapy, Dave’s choice of adjectives reeled the discussion back to the normality of his experience. In a humorous moment Chappelle asked “What is a black man without his paranoia, Oprah?” Yet behind the resulting laughter, the paranoia of which he spoke was a much deeper matter: paranoid about what? On one hand, this statement brought attention to his state-of-mind in the preceding year and operated as an act of comic relief, prodding the very reason for his appearance on the show: to convince the world that he was not “crazy.” But on the other hand, the notion of “paranoia” he raised also spoke to a peculiar quality of cautionary skepticism. As a black man

attempting to maintain the boundaries between the personal and the public on a nationally televised talk show, the anxious vigilance of the “Dave” before us was almost palpable. Paranoia may have indeed been an appropriate response.

While Oprah Winfrey listened attentively, keeping eye contact and adjusting her posture and facial expressions out of an interest in his private life, Chappelle kept his hands on his knees and thought through his answers, often gazing around the room as he tried to find the right words. He used his comedic skills to dull the sharper edges of her questions, often pointing out the absurdity of the rumors surrounding his departure. Winfrey’s own past disclosures of her experiences with poverty, sexual abuse, and eventual self-acceptance, which are a well-known part of her biography and legend, set the pitch for the testimonial format of the show; however, the confessional spirit was never fully met by Chappelle. Chappelle played his cards close to the vest. He cursorily spoke of being a “quiet guy” and generally “non-assertive.” He briefly spoke of his farm in Ohio and his small town lifestyle. And he spoke of the wife and children whom he willfully kept out of the camera’s eye. These differences in self-disclosure created a milieu where it appeared that Chappelle defended something more than his privacy. He was defending his powers of self-definition and self-authorship. It would seem, in the total packaging of the event that Chappelle and Winfrey shared so much, alternating between the same folksy black dialect and Received Standard English in their conversations on fame and cultural responsibility, but Dave’s experience included an element that the show did not (or could not) contain.

On the whole, the show’s promised value as venue for entertainment

remained, but in the end, the catharsis for which Oprah's couch was known seemed unfinished. In Oprah's style, she wanted to know how Dave was *feeling* at the level of intimate and personal detail, but Dave, in his own style, told her *how it is* through a wider social and cultural frame, a frame that acknowledged feelings of paranoia as well as his identities as 'black' and 'male.' Many of his comments to this effect were dismissed as jokes, as the work of a comedian, of Dave being Dave. However, much like the way Greg Tate had written on the life and career of the late-Richard Pryor, Chappelle also "recognized how that kind of work demanded a protection of one's nuts, one's nerve, and one's nakedness as the same time."⁵ He worked to preserve all of them.

This act of balancing the protection of "one's nuts" and "one's nakedness," and the masculine anxiety involved seemed peak when Chappelle spoke out against the practice of black male comedians performing in drag at one point in the conversation. He attacked the act as "hackneyed" and vowed that he would not use such a cheap gimmick in his comedy nor bend to pressures to do so. However, Chappelle had performed a scene in drag in the Mel Brooks' film *Robin Hood: Men in Tights* (1993), but he did not mention this film. Perhaps Chappelle did not view donning medieval women's attire as "drag" or perhaps he was speaking from his present position of creative control, nevertheless his adamant stance against performing in drag involved more than the loss of artistic integrity in dressing as a woman; it spoke to a fear of emasculation and the loss of control over his own image. Juxtaposing his feelings toward performing in drag and his desire for privacy over

⁵ Greg Tate, "Richard Pryor, 1940–2005: Used to Be a Genius, I Ain't Lying, Booked the Numbers Didn't Need Paper or Pencil.," *The Village Voice*, December 6 2005.

self-disclosure, the real question becomes not whether Chappelle was being dishonest with Oprah and American viewers; the greater question is how honest could Dave be?

Had the conversation occurred under more intimate and less threateningly public circumstances, the results would have no doubt been different because such packaged media events should never be seen as real or authentic. Nevertheless, in the end, the spectacle and celebrity of the media event eclipsed the more difficult discussion of how the discourses of race, gender, and class construct the boundaries of what could be said by ‘a black man’ in regards to his own emotional experience and the ways in which conflicting ‘ways of speaking’ about feeling and identity may have, in words of Chappelle himself, “put ‘young’ Dave in a compromising position.”

The “compromising” nature of this televised moment and the manner in which the everyday “paranoia” of black men is so easily elided lies at the crux of this dissertation, for within Dave’s small joke (i.e. “what is a black man without his paranoia?”) lies a very critical declaration of how psychic and emotional vulnerability is very much a part of the experience of being African American and male. Dave’s “paranoia” is useful in that it offers a window into how the politics of feeling⁶ and the politics of identity intersect, for Dave’s ‘paranoia’ speaks to an apprehension of how one’s performances are read, as well as the strategic importance of what is revealed and what is not. Dave could not ‘go there,’ or rather he could not perform nor conform to the emotional standards of the *Oprah Winfrey Show* because of his racial,

⁶ The “politics of feeling” refers to the way emotional performances are conditioned socially and culturally. Feeling becomes political when individuals adapt their emotional expressions or performances to align themselves with social and cultural expectations to gain status and/or privilege. I will discuss the politics of feeling more fully in the second chapter of this dissertation: “Emotional Evidence/Emotional Etiquette: Emotional Evidence/Emotional Etiquette: Towards a ‘Structure of Feeling’ of Feeling.”

gendered and class identifications and the discursive authorities (and limits) that these identities had granted him.

As an African American whose career and artistry are rooted within his subjective experience of being a 'black man,' Chappelle acted, spoke and felt as a 'black man.' As such, Chappelle offers us the idea of paranoia as a normal consequence of African American and male experience; a normal paranoia, if you will. In contemporary society, clinical depression and African Americans' "paranoia" are both normal; however, they owe their construction as *normal* to very different circumstances. For African Americans', paranoia has its own history and purpose. This paranoia is an adaptive coping mechanism resulting from a hyper-vigilant stance toward non-supportive or potentially hostile situations which are perceived as racist. In many ways, this paranoia is a form of social intelligence, and some degree of racial paranoia is considered healthy, bearing in mind the long history of racial discrimination experienced by African Americans.⁷ Clinical depression, on the other hand, has become normal through its ubiquity as a widely used medical concept, used to express an abnormality of affect and pathology of mood. Depression has become *normal* by its commonness in our society. My goal in this chapter is to bring complexity to understanding how the *normality* of depression is constructed, and why "Dave" chose to avoid that discourse.

In order to address the construction of clinical depression, and why it is problematic for Chappelle I must deconstruct it, and this deconstruction will proceed

⁷ C Brown, H. Schulberg, and M. Madonia, "Clinical Presentations of Major Depression by African Americans and Whites in Primary Medical Care and Practice," *Journal of Affective Disorders* 41, no. 3 (1996).

on two fronts. On the first front, I will address the pervasive tendency in our culture toward the therapeutic and the ways in which “acknowledging our weaknesses” and “sharing our feelings” may ultimately lead our attention away from the social inequalities that may have caused our suffering in the first place. And on the second front, I will explore a confluence of circumstances (i.e., government, business, and science) with have made the dominant paradigms of depression as an illness seem so *normal* in dealing with prolonged or persistent sadness.⁸

In performing this deconstruction, I must make it clear that in dismantling clinical depression as discursive construct my goal is not to construct another term to take its place, for to fill the space left by its absence would invariably be only another name for another pathology of affect. Rather, I am interested in disarming the indisputability of the diagnosis and how it has led us to view the bodies of individuals as detached from society and culture. It is my belief that the pervasive sadness and despondency that is called “depression” in our society is in large part circumstantial rather than biological and that by exploring matters of the social expectancies and cultural values the frame emotional experience we can create a new understanding of depression. Thus, my primary goal in leaving the concept of depression “in pieces” is to bring social circumstance and cultural values (i.e. story) back into our understanding of depression and to free-up the concept so that I can explore it in different dimension in later chapters.

⁸ I will discuss how clinical depression is defined and the ramifications of this way of viewing depression as an illness more fully in a later section in this chapter (i.e., “Construction of an Epidemic”); however, in brief, clinical depression is primarily defined by its symptomatology which can be found in the evaluative tools in appendix E, F, & G.

The Therapeutic Ethos

... a lot of you white kids have things that are sensible to you,
like...uh...therapy. We don't have that. We have liquor
stores and weed...

Dave Chappelle on the Inside the Actor Studio with James Lipton⁹

I began this dissertation with the example of Dave Chappelle on Oprah's couch because I am interested in the ways in which his story becomes a public story, and the ways in which the meaning and value of that story changes in the process of its retelling. On its surface, the Oprah Winfrey show is perhaps the most revered daytime talk show in the present moment; however, the show is also part of a cultural phenomenon that is much larger than its parts. The Oprah Winfrey Show is an example of Americans' investment in the therapeutic ethos, an investment which is girded by the belief that personal healing can best be accomplished through fellowship and open confessions of suffering; however, this investment is problematic because it restructures the relationship of the subject to their social context, through the re-interpretation of individual experiences and their repackaging as shared and universal human experiences. As a democratic and equalizing ritual of sharing, the therapeutic ethos creates a milieu in which individual differences can become depoliticized and intersections of race and gender become less salient in understanding the political nature and material realities of suffering.

The therapeutic ethos has been addressed in many different ways. It has been seen as a "culture" and "gospel"; however, the historian Christopher P. Wilson views it as "an ethos characterized by an almost obsessive concern with psychic and

⁹ Jeff Wurtz, "Inside the Actor's Studio: Dave Chappelle," (Bravo Cable Television, 2005).

physical health.”¹⁰ “Ethos” is perhaps a better term than “culture” as ethos signifies the ways in which therapeutic language has permeated not only the precincts of American society and culture which are charged with matters of health and wellbeing (i.e., medicine) but also those realms not traditionally associated with those matters (i.e., religion, education, government, advertising).¹¹ Furthermore, in using the term “ethos” we can also better approximate the way the power of its claims are often unquestioningly regarded as conventional wisdom, as the term “depression,” as a signifier of illness and pathology, can be taken up by anyone in our society regardless of their authority or knowledge of psychology or psychiatry.

In commenting upon the therapeutic ethos, I must make it clear that I am not addressing the clinical technique of psychotherapy or other means of counseling, nor am I addressing its practitioners or patients. The assumption that the practice of therapy is the same as the therapeutic ethos is a connection that I strongly wish to dismantle. Unlike therapy itself (e.g., psychoanalysis or cognitive behavioral therapy) the therapeutic ethos is not a structured practice, but rather it is a more pervasive and paradigmatic way of viewing the quest for selfhood and self-actualization as a libratory process of reinvention.¹² The therapeutic ethos is a commoner’s or lay viewpoint of psychic wellbeing, however it does influence expert

¹⁰ Christopher P. Wilson, "The Rhetoric of Consumption: Mass Market Magazines and the Demise of the Gentle Reader, 1880-1920," in *The Culture of Consumption: Critical Essays in American History*, ed. Richard T. Fox and T.J. Jackson Lears (New York: Pantheon, 1983). pg. 4

¹¹ Ibid. pg. 5

¹² This process of reinvention, which I will discuss more fully later, deals with the historical changes wrought upon individuals in their move from agrarian and communally based societies to more urban and isolating societies following the Industrial Revolution in America. According to Christopher P. Wilson the former structures that girded notions of self and health “occurred within larger communal, ethical, or religious frameworks,” but “by the late nineteenth century those frameworks were eroding” in the face of new social circumstances.” Ibid pg. 4

opinion and vice-versa. For the purposes of this dissertation, I am more so interested in the *phenomenon* of employing therapeutic models in our understanding self, suffering, and subjectivity in public discussions of emotional experience.¹³ I am interested in the therapeutic ethos and its more casual relationship with science and the way in which the therapeutic is made into ‘common sense’ through this relationship.

Furthermore, in my interest in the therapeutic ethos and its relation to black men, I will not be pursuing an argument that black men resist the therapeutic out of gender anxiety for to do so would be overly simplistic. Such writing has already been done, and it has focused on white men to the exclusion of race.¹⁴ “Macho” (read: white hegemonic masculinity) and “Cool” (read: black hegemonic masculinity) have divergent histories and to look at gender to the occlusion of race would neglect black men’s different emotional politics, although gender is an important factor. I will be primarily be addressing the therapeutic in terms of the ways it erases the significance of matters of race and gender, which will enable me to talk of its implications for African American’s in general and African American men, in specific, in later chapters.

Lastly, it has been argued elsewhere, and in varying ways, that the therapeutic ethos has helped to create an “illness identity” within the phenomenon of depression,

¹³ I am theoretically grounding my discussion in the work of Carl Jung, and it is from this perspective that I make my comments on the therapeutic ethos. Jung’s theories of analytical psychology differed from Sigmund Freud’s psychoanalytic approach in that they were concern with the individual’s consciousness rather than their unconscious. He believed that folklore, mythology, and dreams could play a key role in the individual’s understanding of their condition and healing. Jung’s work was also more informative to the therapeutic ethos than Freud’s, as exemplified in the use of his theories by Alcoholics Anonymous and its advocacy of faith and spiritualism in self-improvement.

¹⁴ Terrence Real, *I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression*, 1st Fireside ed. (New York: Fireside, 1998). et al.

wherein the effect (the “disorder” or “disease” of depression) becomes a more salient and visible than structural encounters within the individual’s biography.¹⁵ In regards to people in actual therapeutic situation (i.e., therapy with a trained professional) this viewpoint has led to the omission of more institutional forces of racism and economic inequality, such as Euro-American physicians’ misinterpretation of African Americans’ idioms of distress¹⁶ and the systemic lack of access to affective health care among less affluent communities. The question that I want to answer in this section is what are the political consequences of acquiescing to therapeutic models of understanding subjective experiences which are, in part, caused by identity specific encounters with such structural inequality? The short answer to that question is the erasure of the structural factors of racism and classism that may have contributed to the individual’s feelings of depression in the first place.

America’s Relationship with Therapeutic Cultures

American’s fascination with the therapeutic extends from what Eva Moskowitz calls the “therapeutic gospel.”¹⁷ In her examination of America’s relationship with therapy, she describes our reflex dependence on psychological cures

¹⁵ Frank Füredi, *Therapeutic Culture: Triumph and Defeat*. (London: Transaction Publishers, 2004).

¹⁶ “Idioms of distress” also called “culture bound syndromes” are expression of distress particular to specific racial or ethnic groups. Examples of such idioms for African Americans are “falling out” (i.e., fainting) and “*isolated sleep paralysis*” (inability to move upon awaking). According to the Surgeon General’s Supplementary Report of 2001, “these syndromes are examples of what anthropologists describe as a rich indigenous tradition of ways for African Americans to express psychiatric distress and other forms of emotion.” See: United States Department of Health and Human Services, *Mental Health: Culture, Race, and Ethnicity—a Supplement to Mental Health: A Report of the Surgeon General*. (Rockville, Md.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2001).pg. 60-61 & Loudell F. Snow, *Walkin’ over Medicine* (Boulder: Westview Press, 1993).

¹⁷ Eva S. Moskowitz, *In Therapy We Trust: America’s Obsession with Self-Fulfillment* (Baltimore: Johns Hopkins University Press, 2001).

and hunger for personal fulfillment as having a “long and strange history.” According to Moskowitz, the drive toward therapy began out of a desire for guidance and life-direction at a time when the influence of traditional religion (i.e. Protestantism) was waning in the nineteenth century. Due to a convergence of factors, such as the rising belief in science and the meta-physical, changing notions of individualism, and the rise of consumer-based culture, Americans in the nineteenth century, increasingly sought out strategies and products rather than parables and prayer to become better people.¹⁸

Through this “therapeutic gospel,” Moskowitz argues, individual and social problems began to be viewed as stemming from improper thoughts and poor self-esteem, and that only by correcting our views of ourselves as individuals and as a nation, would we may be able to live happier and more fulfilled lives. Key to the operation of the Moskowitz’s “therapeutic gospel” was the idea of the malleable inner-self or “the mind,” which created another dimension of social identity that did not exist prior to the professionalization and growing authority of medicine in the late 19th century. Previous conceptualizations of the individual had dealt with the notion of a “soul”; however, as the baggage of morality and guilt associated with this concept and the authority of the religious officials charged with this work began to lose favor the rational belief in science and self-improvement began to encroach upon the religious perspective, but the belief in the malleable “inner-self” never fully displaced religion. Rather, “ministers and other moralist began increasingly to

¹⁸ T.J. Jackson Lears, "From Salvation to Self-Realization: Advertising and the Therapeutic Roots of Consumer Culture, 1880-1930," in *The Culture of Consumption: Critical Essays in American History, 1880-1980* (New York: Pantheon Books, 1983).

conform to medical models in making judgments and dispensing advice.”¹⁹ ²⁰ In this way, the “mind” as the seat of rationality and enlightenment, in turn, established a new locus of moral authority in the construction of the individual will. Ultimately, the “therapeutic gospel” helped to create a terrain in which the problems of anxiety and phobias as well as desire for social status could be fixed by the right attitude and the right advice.²¹

Our reliance on such a conception of ‘the self’ is so prevalent in today’s society that it is almost invisible. From talk shows to twelve-step programs to self-help bestsellers, we are continually bombarded with solutions that suggest that we can transcend our troubles and angst by talking about them openly and honestly; however, it is through this same process of “sharing our feelings” that we may, in fact, be erasing the very matters of our social and cultural experience that created our discomfort in the first place. In a strange set of circumstances, the individualistic ethos that permeates our common culture and inspires us to view ourselves as unique and autonomous beings, may in the end generalize our experiences and identities.

Frank Furedi, in his examination of the therapeutic impulse, argues that “despite its individualistic orientation, therapeutic intervention...often leads to the

¹⁹ Wilson, "The Rhetoric of Consumption: Mass Market Magazines and the Demise of the Gentle Reader, 1880-1920." pg. 6

²⁰ The greatest impact on religious doctrine was the belief that the individual had a direct and potentially healing relationship with God, which was generally construed as a superior alternative or analogue to official medicine. Such beliefs are evident in the rise in Pentecostal Christianity, Christian Science, and other secular manifestations of spiritualism in the late 19th century which sought to compete with medical viewpoints on a terrain of diminishing collectivity. For example, conditions arising from the psychological concepts of repression and denial, on one hand, could be viewed in terms of evil or impure thoughts in terms of therapeutic religious perspectives, on the other hand. Both perspectives operated on the premise of self-contained individualism and autonomy, but downplayed matters of power and difference in their advocacy of the will to healing.

²¹ Moskowitz, *In Therapy We Trust: America's Obsession with Self-Fulfillment*.

pursuit of the standardization of people rather than to encourage a self-determined individuality.”²² Instead of creating individuals who have social agency, Füredi argues, the therapeutic ethos creates identities which rely upon various “publics” for affirmation or recognition, be they ten alcoholics in a church basement or a national television audience. The success of such a process of affirmation depends upon an individual’s willingness to defer the meaning of their experiences to the authority of the group and to relinquish any claims to difference which may threaten the cohesion of the group;²³ however, belonging has its benefits. Acquiescence to the therapeutic ethos allows the individual a sense of identity and helps them to “make sense of their predicament and gain moral sympathy.”²⁴

The concept of “moral sympathy” is important in the construction of a “public of the depressed,” because, as a disease of the mind – a mental illness – its lesions are invisible. Moral sympathy is thus needed to assuage the beliefs that individuals can “feel better” and “do better” for themselves out of will and discipline. Other mental illnesses, such as schizophrenia or bipolar disorder, do not fare as well as depression in terms of gaining moral sympathy, since they can sometimes be associated with violent crime, particularly in news media.²⁵ But arguably, perceptions of the mentally ill have changed dramatically over the past twenty years, amounting to a virtual reshaping of lay understandings and public attitudes toward various mental illnesses.

²² Füredi, *Therapeutic Culture: Triumph and Defeat*. pg. 44

²³ Erving Goffman, *The Presentation of Self in Everyday Life* (New York: Doubleday, 1959).

²⁴ Füredi, *Therapeutic Culture: Triumph and Defeat*. Pg. 46

²⁵ Donald L. Diefenbach, "The Portrayal of Mental Illness on Prime-Time Story in New Zealand Print Media: A Prospective Study of the Television," *Journal Community Psychology* 25, no. 3 (1997). & Heather Stewart, "Media Portrayal of Mental Illness and Its Treatments: What Effect Does It Have on People with Mental Illness?," *CNS Drugs* 20, no. 2 (2006).

This change has not been the result of a single influence, but rather it has been the result of a confluence of factors, from anti-stigma groups to cultural representations. No longer are the mentally largely portrayed as violent or disturbed one-dimensional characters, rather they are presents as characters who are “ill but talented, impaired but not stupid, troubled but attractive.”²⁶ Take for example, popular films such as *Rain Man* (1988), *Sling Blade* (1996), *A Beautiful Mind* (2001), *I Am Sam* (2001), *Radio* (2003), *the Aviator* (2004), *the Soloist* (2009) which have helped to create the sentiment of understanding mental illnesses as a result of defective or damaged brain processes and not the result of the moral faults of the individual.²⁷ However the absence of ‘fault’ or ‘blame’ does not preclude questions of responsibility or the need for an explanation.

Within the therapeutic ethos, the “public of the depressed” are able to account for their despondent moodiness, and ultimately their *difference*, through the general belief that the human mind is fragile and can “break” just like a bone can fracture. It is through this process, which Charles Barber calls the “*physicalizing* of behavior,” that depression becomes a normalized;²⁸ however, it is a process of normalization that leans heavily upon a recent shift in common understandings of the mind as a fallible *body part*. The therapeutic ethos borrows from scientific authority the belief that the body is knowable, generalizable, and universal, but in the end replaces lived social experiences with scripted ones based upon medical authorities and the “*physicalizing* of behavior.” It is the lure that there is something “out there,” authenticated by

²⁶ Charles Barber, *Comfortably Numb: How Psychiatry Is Medicating a Nation*, 1st ed. (New York: Pantheon Books, 2008). pg. 12

²⁷ Ibid. pg 11

²⁸ Ibid. pg 16

medical knowledge, that can describe people's "indescribable" encounter with depression which makes the therapeutic ethos both attractive and limiting; as much as they may gain in the articulation of their experiences, they may lose in regard to context.

Hostile Homogenization in the Therapeutic Encounter

At the core of the therapeutic ethos is the idea that our minds and our thoughts are the essence our being and that by aligning our thinking with accepted definitions of "illness" and practices of "healing" we can change our perceptions as well as our circumstances. Viewing the mind in such a way is attractive because it mobilizes the idea that we are ultimately in control of our health, our well-being, and our material existence, but in the exchange we lean upon the wisdom and expertise of medical institutions and the belief that such wisdom is neutral. It is the casual bridge that is formed between the therapeutic ethos of "sharing feelings" and "self-realization" and the practice of therapy that lends the therapeutic ethos its normativity. Thus, having access to medical discourses of self, suffering, and subjectivity enables the depressed to make meaning of their experience; however, the costs of that acquiescence are seldom considered. Take for example Andrew Solomon, the author of the *Noonday Demon: an Atlas of Depression* and proponent of the medicalization of depression, who argues:

To be given the idea of depression is to master a socially powerful linguistic tool that segregates and empowers the better self to which suffering people aspire. Though the problem of articulation is a universal, it is particularly acute for the indigent, who are starved for this vocabulary – which is why basic tools such as group therapy can be so utterly

transforming for them.²⁹

The ideas of a “transforming” vocabulary and a “socially powerful linguistic tool” are noble concepts in Solomon’s crusading for the depressed, but what is downplayed in this statement are the power dynamics involved in the therapeutic encounter and how the simple adoption of such a “vocabulary” cannot change an individual’s relationship to power and privilege.³⁰

Absent from Solomon’s view are the ways in which the therapeutic encounter, and the language and values that gird its appeals, are ordered by a particular relationship to the culture of therapy, a relationship which black men and other marginalized groups do not share in equally. This is not meant to imply that group therapy cannot work in more culturally attuned settings among black men, as such groups and their varied methods have been written about in work on minority counseling.³¹ Nor is it meant to imply that African Americans are in any way not participatory in the viewpoint expressed by Solomon. Rather, what is at issue is how such a process dangerously simplifies healing as a matter of adopting the “vocabulary” of depression and the therapeutic ethos of a “better self.” Viewing

²⁹ Andrew Solomon, *The Noonday Demon: An Atlas of Depression* (New York: Scribner, 2001). pg. 343

³⁰ It is interesting to note that Solomon does include the experiences of African American in *the Noonday Demon*; however, he is selective when he chooses to mention this fact: “I have chosen not to identify people by race except where it seems particularly relevant to the details of their suffering” (pg. 196). Such a statement is indicative of Solomon’s bias toward biological depression and his advocacy of a homogenizing universalism. It is also an important note that his use of the term “indigent” may reek of classist condensation, as his father, at of the time of the book’s publication, was the CEO of Forest Labs, a major manufacturer of depression medication (e.g., Celexa). See Susan Berfield, "A CEO and His Son: The Remarkable Journey of Howard Solomon, His Son Andrew, and His Company, Forest Labs...A Journey of Depression and Hope," *Business Week* 2002.

³¹ Don Elligan and Shawn Utsey, "Utility of an African-Centered Support Group for African American Men Confronting Societal Racism," *Cultural Diversity and Ethinc Minority Psychology* 5, no. 2 (1999). & George and P.V. Sarata Thorn, "Psychotherapy with African American Men: What We Know and What We Need to Know," *Journal of Multicultural Counseling and Development* 26, no. 4 (1998).

healing as a matter of “education” ultimately dismisses any skepticism as an individual act of resistance and unmoors it from the milieu of its occurrence. What must be considered are how racism, environment, and self-esteem issues affect black men in ways that are culturally political as well as personal.

The literature on African American’s experiences of “stress” does a much better job of discussing the political nature of the depressive experience than does the writing from within a therapeutic framework. This is because the therapeutic discussion of depression often assumes the individual as a self-contained and autonomous being, while the literature on stress takes into consideration the social milieu of the individual. The literature on African American stress has examined the way in which structural racism (i.e., institutional policies of inequality, cultural messages of black inferiority, and unhealthy and/or toxic physical environments) has had a negative impact on African American’s health and quality of life.³² Chappelle’s use of the term “stress” in reference to his emotional state instead of “depression,” perhaps, owes its rationale to this difference. Therefore, the factors that contribute to stress must be considered when thinking of the etiology and experience of depression and black men’s participation in therapy.

It is known that African American men underutilize formalized therapy and counseling.³³ African American men’s resistances to the practice of therapy are conditioned by several factors, such as African American’s suspicions of therapists,

³² David R. Williams, Harold W. Neighbors, & James S. Jackson, "Racial/Ethnic Discrimination and Health: Finding from Community Studies," *American Journal of Public Health* 93, no. 2 (2003). & Shaun L. Gabbidon and Steven A. Peterson, "Living While Black: A State-Level Analysis of the Influence of Select Social Stressors on the Quality of Life among Black Americans.," *Journal of Black Studies* 37, no. 1 (2006).

³³ Jeffery M. Smith, "Fear as a Barrier?: African American Men's Avoidance of Counseling Services," *Journal of African American Men* 6, no. 4 (2002).

past negative experiences with public agencies and institutions, and the often superficial relationships that black men must form with therapist: things that exist in addition to the possible issue of gender.³⁴ Furthermore, in many cases, black men in therapy or counseling do not attend out of their own volition, as third party entities (e.g., employers, clergy, or the judicial system) are often the primary reasons for black men to begin to participate in therapy.³⁵ Other researchers have called this phenomenon a “forced process,” by which the process of “help,” reinforced across many of society’s institutions, is viewed as a matter of coercion to the status quo.³⁶ These factors make the therapeutic encounter not only foreign, but also possibly hostile to black men. In these ways, the democratic appeal of such therapeutic thinking on depression can erase matters of gendered and racial experience which are part of the story and obstruct the individual’s authority to come to less mainstream interpretations of the sadness of depression and its larger meaning, for themselves.

Eva Tettenborn, in her essay “Melancholia as Resistance in Contemporary African American Literature” raises an interesting counter argument to this viewpoint from a psychoanalytic perspective. Although, Tettenborn writes specifically about literature, her viewpoint can help us understand why black men resistance of therapeutic models may be a political act. She argues that the “mental difference” of

³⁴ Franklin J. Anderson, "Therapy with African American Men," *Families in Society* 73, no. 6 (1992).

³⁵ H.E. Cheatham, T.O. Shelton, and W.J. Ray, "Race, Sex, Casual Attribution, and Help Seeking Behavior," *Journal of College Student Personnel* 28 (1987). as cited in Smith, "Fear as a Barrier?: African American Men's Avoidance of Counseling Services."

³⁶ Lee and Bailey do not provide statistics regarding the “forced process” of therapy upon African American men, but rather they piece together anecdotal evidence from several writers who address the issue. See: C.C. Lee and D. F. Bailey, "Counseling African American Males," in *Multicultural Issues in Counseling: New Approaches to Diversity*, ed. C.C. Lee (Alexandria, VA: American Counseling Association, 1997). Pg. 140 as cited in Smith, "Fear as a Barrier?: African American Men's Avoidance of Counseling Services."

sadness, as expressed by African Americans, should not be seen as a “pathology,” but rather it should be seen as a “source of political empowerment.”³⁷ Viewing the expression of sadness or discontent as “melancholia” rather than “depression” allows her to address the same phenomenon in a different context. In Tettenborn’s analysis she views melancholia as an assertion of subjectivity. Tettenborn argues that expressions of sadness can help the dispossessed claim an attachment to a “lost objects” and “lost selves.” In her literary examples, these lost objects are revealed through slaves’ expressions of sorrow over the loss of family members or friends as well as the loss of personhood as property in slave narratives. Under slavery, African Americans were thought to be incapable of having such attachments to the self or others because enslaved African Americans were thought to be “without regrets for the past and anxieties about the future.”³⁸ In her understanding of melancholia, Tettenborn presents us with an idea of melancholia as a political act of “ensuring memory outside of the dominant culture.”³⁹

In recent years, the medical community has worked toward making largely non-black caregivers aware of these cultural differences and the historical baggage that they and their patients bring into the medical encounter;⁴⁰ however, they have not been as effective in creating a cultural space (or safe space) in which such feelings are

³⁷ Eva Tettenborn, "Melancholia as Resistance in Contemporary African American Literature," *Melus* 31, no. 3 (2006).

³⁸ Saidiya V. Hartman, *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (New York: Oxford UP, 1997). pg. 44 as quoted in Tettenborn pg. 110.

³⁹ Tettenborn, "Melancholia as Resistance in Contemporary African American Literature." pg. 106

⁴⁰ A signature example of this is David Satcher’s Surgeon General’s report in 1999 and the supplement on race and mental health in 2000. See: United States Department of Health and Human Services, *Mental Health: A Report of the Surgeon General - Executive Summary*, 2 vols. (Rockville, Md.: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, et al., 1999). & United States Department of Health and Human Services, *Mental Health: Culture, Race, and Ethnicity—a Supplement to Mental Health: A Report of the Surgeon General*.

not devalued or dismissed as pathological. In some ways, they have not found a means to *value* black sadness or the healthier aspects of paranoia. For to do so would contradict the promise of a “better self” upon which the therapeutic encounter is based.

Where then does the sadness wrought by the experiences of being black and male find its expression outside of the therapeutic encounter? Dave Chappelle was able to circumvent the therapeutic model in his interactions by deflecting attention away from his personal life and his “mind” and onto the social and cultural matrix through humor. As the epigraph to this section points out, the ways in which people experience, confront, and make sense of emotional and psychological challenges in their lives is indeed a cultural matter. As such, Oprah Winfrey’s comfort with “things personally felt” and Chappelle’s skill with “things publicly experienced,” created a tension in which the subjectivity of Chappelle as an individual – his vulnerability to the anxiety, the fear, and the depression – is erased from the therapeutic encounter. However, if we make the attempt to read this encounter outside of the boundaries of therapeutic culture, we can find a “Dave” who is not “sick” or in need of intervention. His decision not to venture into the therapeutic need not be seen as avoidance or dishonesty, rather his use of comedy speaks of another way to view his experience. Through his humor he works to re-locate the cause of his “depression” in events of his social existence and deflects the rationalization of his body or mind as defective; and this maneuver is in many ways threatening to the precepts upon which the therapeutic encounter is based.

His comments about the perennial paranoia of black men spoke directly to the

ways in which race, gender, and class had influenced his experiences and had everything to do with why he was “on the couch.” His humor was an effort to bring his cultural body and his experiences in that black and male body into the discussion rather than the pathologized and defective body of therapy. And his humor was an act of resistance and protest. However, in order to recover the elements of such protest it is necessary that we further address the way in which “depression” silences social and cultural experience.

Construction of an Epidemic

The Social Construction of the Depression Epidemic

They call it an epidemic now... That means white folks are doing it... Y'all remember? Y'all used to drive through our neighborhoods and shit and go, ‘Oh, look at that! Isn't that terrible!’ Then you'd get home, right, and your 14 year old be fucked up, and you'd go, "OH MY GOD! IT'S AN EPIDEMIC!"... Maybe next time you see black people in trouble, you'll help.

Richard Pryor ⁴¹

The theory of social constructionism is premised upon the belief that individuals and groups participate in the creation of their perceived reality; however, it is a shared but uneven process. As such, social phenomenon are shaped,

⁴¹ The quote is from Richard Pryor and is in reference to drug addiction in Black communities. I am using it as an analogy to depression, and African American cultural familiarity with depressive experience. Like Irish and Jewish cultures which have made trauma and sadness a part of their culture, African Americans have their own relationship with sadness. In using Richard Pryor, I am drawing attention to the way in which humor is used to address that sadness, and contingently how such humor can be used to show how whiteness determine when something becomes an epidemic. (Richard Pryor, “Cocaine,” on *...And It's Deep, Too!: The Complete Warner Bros. Recordings (1968-1992)*, Rhino Records, 2002.)

institutionalized, and situated into tradition by humans through the interaction of signs and values, power and consensus. Epidemics, as social phenomena, are often perceived as rupturous changes in the well-being of a population, and they draw our attention because they represent a change in life that breaks with tradition, with the *way we were*. As for clinical depression, discussion of its “epidemic status” in African American communities has reached a national attention through official channels in the last several years; however, its weight and significance for African Americans, as a group, remains markedly different from that of mainstream culture. While there does exist some definite acknowledgement that things have changed for black folks, in regards to their mental and emotional well-being as a people, the troubling reality of this “epidemic” is *strangely* more tolerable, because it *is* in part expected, and it is less surprising, because its cause is far from sudden.

African American’s have historically maintained a lower percentage of suicides than white Americans; however, incidents of suicide, perhaps the most widely accepted indicator of poor mental health in the modern era, have risen among African American men at rates approaching that of whites. According to governmental data, from 1980 to 1995 the suicide rate for adolescent African-American males ages 15-19 years increased from 5.6 to 13.8 per 100,000 of the population (an increase of 146%), compared to a rise from 15.2 to 18.3 per 100,000 for white males.⁴² In the span of fifteen years, the difference in percentage dropped from 171.4 % to 32.6% for African American males in this age category. The data that produced these numbers has been interpreted in various ways in recent works

⁴² Centers for Disease Control and Prevention, "Suicide among Black Youths -- United States, 1980-1985.," *Morbidity and Mortality Weekly Report*, March 20 1998.

dealing with African Americans and clinical depression, focusing primarily on the percentage of increase. The force of these numbers in the sources that use them is attributable to the fact that they represent contradictory evidence to African American's long standing belief that suicide is a "white thing," and that they beckon the question of "what happened to us?" But while numerous national campaigns and initiatives have been launched to educate African Americans about depression, African American's cultural attitudes and values have been slow to change.

Several surveys offer a glimpse at how African Americans view depression, which all used "health problem" or "personal weakness" as possible answers. A 1996 report revealed that "approximately 63% of African Americans believe that depression is 'personal weakness,' compared to the overall survey average of 54%."⁴³ In a comparable 2006 study on attitudes toward mental illness only 38% of the overall population thought depression was a 'personal weakness' as opposed to a 'health problem,' while the percentage of African-Americans dropped only to 55%.⁴⁴ In 2007, another survey of health care providers (physical therapist, physician's assistants, and nurse's assistant), nearly a quarter of the African American respondents (23%) believed that depression was a 'personal weakness.'⁴⁵ Quite strikingly, in a field and discipline in which depression, anxiety disorders, and suicide attempts are considered to be 'health problems,' African American health workers viewed them all as 'personal weakness' in greater percentages than Hispanics and

⁴³ National Mental Health Association, "American Attitudes About Clinical Depression and Its Treatment: Survey," (Alexandria: National Mental Health Association, 1996).

⁴⁴ International Communications Research, "Mental Health Attitudinal Survey," (Media, PA: International Communications Research, 2007).

⁴⁵ Glenn Milstein, Peter Guarnaccia, and Elizabeth Midlarsky, "Ethnic Differences in the Interpretation of Mental Illness: Perspectives of Caregivers," *Research in Community and Mental Health* 8 (1995).

non-Hispanic whites.

Why do African Americans hold such attitudes toward depression? And do these attitudes represent an ‘attitude problem?’ In the research on race and medical skepticism (usually focused on the use of medical care or services) it has been typically thought that an individual’s level of education and economic standing were the primary correlates to how they viewed mental illnesses.⁴⁶ The ultimate reasoning being that African Americans do not view depression as a health epidemic because they are not ‘educated’ and do not have access to the proper medical advice and care. Viewed as skeptics of conventional medicine, blacks and other dissenting minorities are often regarded as harboring superstitious beliefs or old prejudices against the medical establishment. When they disagree with medical definitions of mental illness, African Americans’ divergent attitudes are viewed as a matter of “literacy.” When they choose not to conform to or participate in prescribed medical treatments for depression, African Americans’ behaviors are regarded as “non-compliant.” Obscured by such a framework is “the possibility that black’s hesitations may be part of a conscientious and intentional decision making process.”⁴⁷

A few researchers have argued that even when differences in education and class standing are factored in, the variation between white and black attitudes remain constant.⁴⁸ They have speculated that factors such as the use of religious networks

⁴⁶ Jason Schnittker, et al, "Nature, Nurture, Neither, Nor: Black-White Differences in Beliefs About the Causes of Appropriate Treatment of Mental Illness," *Social Forces* 78, no. 3 (2000).

⁴⁷ Jason Schnittker, "Misgivings of Medicine?: African Americans' Skepticism of Psychiatric Medication," *Journal of Health & Social Behavior* 44, no. 4 (2003).

⁴⁸ Lena E Hall and Carolyn M Tucker, "Relationships between Ethnicity, Conceptions of Mental Illness, and Attitudes Associated with Help Seeking," *Psychological Reports* 57 (1985). & Milstein, Guarnaccia, and Midlarsky, "Ethnic Differences in the Interpretation of Mental Illness: Perspectives of Caregivers."

and regional differences may play a large part in the variation of attitudes; however, none of these investigations have been conclusive. The sociologist Jason Schnittker offers an interesting alternative view. He argues that African American's skepticism and divergent attitudes toward mental health issues are more a reflection of broad and pervasive political beliefs about race and identity held by African Americans than they are a matter of education, economics, or religion. Schnittker asserts that the difference appears to "reflect cultural differences, or ideological differences that can be traced to the particular history and structural position of black and whites in the United States."⁴⁹ These differences would include African American's relationship with slavery, its after effects, and the totemic caste position of "blackness" in America's racial society.

The significance of structural or ideological differences, for African Americans, in understanding mental illness has had little effect on the ways in which the 'disorder' has been interpreted in scientific treatments. In most studies of mental health, in general, racial differences are often a secondary issue, because there have been very few minority researchers, and people of color have not been adequately represented in clinical patient samples.⁵⁰ As a result, issues of culture and social difference are often regarded as non-determining factors in the examination the 'pure' psychiatric phenomenon of mental health. On the other side, the presence of 'race,'

⁴⁹ Schnittker, "Nature, Nurture, Neither, Nor: Black-White Differences in Beliefs About the Causes of Appropriate Treatment of Mental Illness."

⁵⁰ Harold W. Neighbors and James S. Jackson, *Mental Health in Black America* (Thousand Oaks: Sage Publications, 1996).

as a biological category, has been dismissed by the scientific community as a myth.⁵¹ In such a climate, race and purported racial differences have become dubious if not dangerous. When it is discussed as a factor, race is primarily used as a rubric to track a populations' use of services rather than having any import or meaning to African Americans' understanding or experience of depression. Therefore, what qualifies as an "epidemic of depression" for African Americans is a question of evidence in a time when the rules of evidence have changed.

On the periphery of the discussion, African American researchers and writers have maintained that race and its structural traces do matter in understanding African Americans and the phenomenon of depression. In the public health community, Dr. Alvin Poussaint and Amy Alexander have used the term "Posttraumatic Slavery Syndrome" to investigate "the connection between racial oppression, hopelessness, self-hatred, economics, and the patterns of self-destructive behavior exhibited by some black Americans" in their speculation on the suicide crisis.⁵² In the precinct of cultural criticism, Dr. Cornel West has used the concept of "black nihilism" to address the "profound sense of psychological depression, personal worthlessness, and social despair so widespread in black America."⁵³ In a biographical example, Stuart Hall describes his sister's "major nervous breakdown" as structural matter rather than psychological one. After her parents prevented her from marrying a dark-skinned suitor, the cultural theorist wrote:

⁵¹ Ari Patrinos, "'Race' and the Human Genome," *Nature Genetics: Genetics for the Human Race* 36, no. 11 (2003).

⁵² Alvin F. Poussaint and Amy Alexander, *Lay My Burden Down: Suicide and the Mental Health Crisis among African-Americans* (Boston: Beacon Press, 2000).

⁵³ Cornel West, *Race Matters*, 1st Vintage Books ed. (New York: Vintage Books, 1994).

From then on, I could never understand why people thought these structural questions were not connected with the psychic – with emotions and identifications and feelings because, for me, those structures are things you live. I don't just mean they are personal, they are also institutional, they have real structural properties, they break you, destroy you.⁵⁴

While these authors are not exhaustive of the diverse views held on the subject, they do highlight the importance of structure and cultural history to understanding depression as well as the ways in which depression is discussed outside of medical discourse. They suggest how a topic, generally considered to be strictly clinical or scientific, in fact, has cultural, social, and political significance. And even though they offer no uniform methodology, they are all founded upon a phenomenological experience that cannot be counted, measured, or otherwise empiricized.

“Depression” as an Artifact of Discourse

We must view ‘depression’ not as simply as a diagnosis, but instead as an *artifact of discourse*. By referring to depression as an artifact of discourse I am attempting to speak of it as discursive construct. According to the work of Michel Foucault, a discourse is a linguistic field in which particular terms and perspectives are valued over others in determining what can be said authoritatively, and with meaning, about a given subject.⁵⁵ Often within conversations or debates on a given issue, words as well as the ability to make meaning of those words are influenced by the authority of the individual speaking, an authority granted through institutions. In the instance of depression, it is largely medical authority and knowledge that stand at

⁵⁴ Stuart Hall, David Morley, and Kuan-Hsing Chen, *Stuart Hall : Critical Dialogues in Cultural Studies, Comedia* (London ; New York: Routledge, 1996). pg. 488

⁵⁵ Michel Foucault, *The Order of Things* (New York: Pantheon, 1970).

the center of the discourse on depression: however, government, business, and technology also play a role. These institutions have made clinical depression a common part of our cultural lexicon, but seldom are the means by which this has occurred questioned. The question stands: Why isn't medicalized depression questioned as a cultural construct?

What is meant by the term “depression,” for the purposes of this deconstruction, primarily deals with the meaning of the term within the precincts of contemporary medicine and medical discourse. In raising the term, my intentions are to explore how usage of the term and recent changes in how “depression” has been defined in the last twenty years have far reaching political implications not only for the scientific disciplines which focus on mental health, but also for populations who are the subjects of mental health research. My goal in this section will be to describe the forces that make our common understanding of depression so convincing. I will attempt to reveal the multiple layers of enforcement that have led to its construction.

Historically, the term depression derives its etymological lineage from the Greek word *melancholia*, which means “black bile” disorder, reflecting the ancient Greek belief that health and disease depended on the balance or imbalance of four bodily fluids or “humors”; however, as the belief in the “four humors” diminished in the nineteenth and twentieth century other more scientific terms rose as central to the discourse on sadness.⁵⁶

The notion of a medicalized sadness began in the late 19th century. The term “neurasthenia,” credited to the physician George Beard, was intended to describe the

⁵⁶ Allan V. Horwitz and Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (Oxford ; New York: Oxford University Press, 2007).

symptoms of anxiety, fatigue, impotence, and depressed mood. Viewed as ‘the over-stimulation’ of nerves or an “exhaustion of the central nervous system,” it was thought to be caused by large portions of the population moving from agrarian or rural spaces to more modern and urban ones. Neurasthenia was a uniquely American disease, enough so that the early psychologist William James referred to it as “Americanitis.” The cure proposed for neurasthenia was “the rest cure,” as it was thought that the nervous system of the individual would recoup given a sustained reprieve from the frenzy of urban life under the supervision of trained physicians. Neurasthenia was a class-based disease, in that the patients who sought the “rest cure” for neurasthenia were either well-off, considering the resources needed to pay for treatment and maintain an income while under treatment, or they had enough family to support them while under care.⁵⁷ Nevertheless, those with fewer resources could purchase Rexall’s “Americanitis Elixir,” which was “especially recommended for nervous disorders, exhaustion, and all troubles arising from Americanitis.”⁵⁸ As the American miasma of its day, neurasthenia was perhaps the immediate predecessor to our present concern with the epidemic of depression; however, unlike depression, neurasthenia was contextualized as a natural response to stress.

The medicalization of sadness, in the case of neurasthenia as well as depression, occurred in tandem with the development of the sciences and technology used to study them. Much like Michel Foucault’s argument that the ranks of those considered to be ‘insane’ increased with the creation of insane asylums and validation

⁵⁷ It is important to note that most early therapeutic treatments were performed on women (as exemplified in Freud’s *Dora*) and many of the elixirs were marketed to women (such as laudanum).

⁵⁸ Greil Marcus, “One Step Back: Where Are the Elixirs of Yesteryear When We Hurt?,” *New York Times*, January 26 1998.

of the specialized knowledge of the ‘experts’ (i.e. psychiatrists) charged with their management⁵⁹, the way in which sadness has moved from natural to unnatural has occurred in a similar fashion. At the close of the 19th century, it was believed the new world of intense business competition, ruptured social networks, and dense living conditions were unnatural and that it was only natural for some Americans to produce physiological symptoms of malaise; however, at the beginning of the 21st century it is sadness, itself, and those aspects of our physiology that are thought to cause it that have made “depression” unnatural and pathological. It is my belief that the pathologizing of sadness is more of a result of changes in medical discourse and the way in which depression is presently constructed as a ‘disorder’ than it is a epidemic health crisis. The crisis before us is, instead, a crisis of meaning.

The Emperor’s New Clothes

Matt... Matt... Matt... Matt... You’re glib, Matt.⁶⁰
Tom Cruise, the Today Show

To propose that the epidemic of depression is only an epidemic because it has been constructed as such is akin to the act of announcing that the emperor has no clothes. Therefore, any criticisms of the biochemical model of depression are highly susceptible to dismissal on the virtue that they are not endorsed by official discourse. When Tom Cruise denounced the use of selective serotonin reuptake inhibitors (SSRIs) on the Today Show with Matt Lauer, his association with the Church of Scientology may have nullified the credibility of his arguments, leading to doubts of

⁵⁹ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Pantheon Books, 1965).

⁶⁰ Marty Ryan, *The Today Show with Matt Lauer: Tom Cruise Interview, The Today Show* (NBC, 2005).

the actor's own mental health. Cruise's charge of "glibness" on the part of his interviewer is indeed an "insane" claim to make, as the somberness and gravitas that surround depression as an epidemic is in some degree a sacred cow in contemporary society; however, other, more rational arguments have been made against the biochemical model of depression and institutions of mental health. These too have largely been on the periphery of science and medicine and subject to similar dismissal.

In the 1960s, the anti-psychiatry movement, a loose assemblage of health professionals, theorists, and former mental health patients, argued the underpinnings and common practices of psychiatry were based on faulty assumptions of normality and illness and were potentially damaging to the recipients of care. Authors such as Thomas Szasz, R.D. Laing, Erving Goffman, and Michel Foucault were key figures for such a viewpoint, but to refer to them as part of a 'movement,' in the formal sense, would perhaps be an exaggeration. Rather, these authors were *able to* accomplish a level of reasonable doubt which displaced psychiatric authority, based upon the misuse of power, the lack of hard scientific proofs, and the culture of stigma associated with mental disorder diagnoses.⁶¹

Working from the blueprint of Michel Foucault, who originally published *The History of Madness*⁶² in 1961, writers such as Szasz and Laing were more concerned with social action and coalition building than they were with theory or the nuance of discourse. The creation of groups such as Mind Freedom, the Insane Liberation

⁶¹ Nick Crossley, *Contesting Psychiatry: Social Movements in Mental Health, Critical Studies in Health and Society* (Abingdon, Oxfordshire ; New York, NY: Routledge, 2006).

⁶² The original title of *Madness and Civilization: A History of Insanity in the Age of Reason*.

Front, and the Network Against Psychiatric Assault all followed a similar structure of advocating for patient rights, peer-delivered services, and the alleviation of social stigmas associated with diagnoses of mental illness.⁶³ These organizations and others viewed themselves as outside the medical establishment and by collective action sought to make that establishment accountable.

These strategies and their arguments for patient rights under psychiatry remained on the periphery of the debate on mental health, because they were formulated during a period when the periphery was viewed as position of autonomy, if not power. However, over the span of some 40 years the model of the ‘survivor of psychiatry,’ emboldened by public and collective acts of resistance, was replaced by the ‘consumer of psychiatry,’ and the arguments against the stigma associated with mental illness were co-opted by more mainstream institutions of mental health.

Organizations such as the National Alliance on Mental Illness (NAMI), “a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses,” have taken the place of more radical manifestations of anti-psychiatry, by melding the autonomy of self-help and access to products and services with an atmosphere of caring and support.⁶⁴ In a way, organizations such as NAMI helped to make psychiatry credible again and biological

⁶³ Crossley, *Contesting Psychiatry: Social Movements in Mental Health*.

⁶⁴ It is interesting to note that pharmaceutical companies are the largest supporter of NAMI, which begs the questions of “non-profit” and “grassroots.” See J Weinstein, “Local 28 Sheet Metal Workers V. Lilly ” (United States District Court Eastern District New York, 2006). In the suit, it was entered that “Lilly has been the largest contributor among pharmaceutical manufacturer to NAMI, giving the organization approximately \$2.87 million between 1996 and 1999,” as well as providing shared leadership and other support (pg. 74). Also see: New York State's Attorney, “UFCW Local 1776 V. Lilly ” (New York: United States District Court Eastern District, 2005).

models of depression unquestionable by giving the affected the freedom to choose from a selection of products and services.

Consumerist models of care based upon access and education are an important in understanding the normalizing of depression, not only in terms of its mechanics but also in terms of how this understanding became ‘official.’ In the early 1980s several things happened that drastically changed how individuals interacted with doctors and the medical establishment which contingently impacted how they viewed their own health. Furthermore, the rise in incidents of clinical depression over the last decade is a result of new paradigms regarding how we view the mind and mental health rather than anything immediately causal in society. As I will explore in the following pages, the influences of managed care, our society’s cultural investment in technologies of brain study, and the consumerist drive to make ‘happiness’ a commodity, have made what was once considered to be normal and human experiences of sadness into a pathology.

Technology, Government, Business

The former President George H.W. Bush proclaimed the 1990’s as the “Decade of the Brain,” setting a mandate that recognized the strides made in brain imaging devices and brain mapping as the saving grace for sufferers from everything from Alzheimer’s and Parkinson’s disease to schizophrenia and depressive disorders. In response, funding for biochemical research at the National Institute of Health increased dramatically in the 1990s.⁶⁵ President George H.W. Bush’s call for action

⁶⁵ As of 2004, the NIH was received \$24 billion in research money for biochemical research while unnamed institutions of psychology received only \$1 billion. In 1970, the amounts were approximately

acknowledged the brain, “a three-pound mass of interwoven nerve cells,” as the fundamental cause of a slew of mental illnesses.⁶⁶ The central belief behind the “Decade of the Brain” was that if the electrical activity, blood flow, and chemical composition of the brain could be “seen” through new imaging technologies, then the secrets of the brain could be unlocked only if scientists were given the tools and support they required.

These new technologies used to “see” the brain, however, ultimately supported the view of “mental illness and depression in particular as biologically based disorder.”⁶⁷ The biological model was further supported by interests of pharmaceutical companies which marketed anti-depressant medications, insurance companies who preferred to pay for the medications instead of the more costly alternative of psychotherapy, and anti-stigma groups who believed that the biological model increases acceptance by removing personal blame. These forces have had a considerable affect on changing the culture of mental illness in the United States.

The “decade of the brain” created a major sea change in the official and expert attitudes toward the mind, and depression in particular, that eventually supplanted psychoanalysis as the *de rigueur* approach to mood disorders. Reports have shown that there has been a marked increase in the prescription of antidepressants and a

\$3.5 Billion and \$500 million, respectively. See: American Association for the Advancement of Science, "Trends in Federal Research by Discipline, FY 1970-2004 Obligations in Billions of Constant FY 2004 Dollars " (<http://www.aaas.org/spp/rd/discip04.pdf>, 2004). Another possible reason for the increase in funding had to do with streamlining of definitions of mental illness, vis-à-vis the DSM-III, and easier grant making procedures (See below)

⁶⁶George H. Bush, *Decade of the Brain: Presidential Proclamation 6158* (Office of the Federal Register, 1990).

⁶⁷Barber, *Comfortably Numb: How Psychiatry Is Medicating a Nation*. pg. 18

reciprocal decrease in the use of psychotherapy.⁶⁸ Albeit these changes are due to factors much larger than brain imaging technologies, they point to the ways in which the body, rather than the social world, has increasingly become the primary terrain for understanding depression.

Critics of this brain-centered etiology of mental illness questioned what the “pretty pictures” could really tell us. As Charles Barber argues, “Neural events occur at a micrometer scale; whereas the images of fMRI, for example are on the millimeter scale. That’s sort of like watching a football game on a small television fifty yards away with your glasses off, and trying to identify the left tackle.”⁶⁹ Any shortcomings of these new imaging technologies were generally eclipsed by the veritable “looking glass” that the tools promised. The idea that an organ, purported to be the seat of everything that makes us who we are, could be understood and eventually controlled, occluded the fact that these “pretty pictures” could only tell us of visible abnormalities such as brain tumors. (Even a sampling of CT scans for patients suffering from schizophrenia – a disorder believed to have some physiological evidence – showed a wide degree of variation.)⁷⁰

Locating the cause of the defect in a discrete organ satisfied the needs of ‘science’ for objective proof while simultaneously assuaging funders and investors demand for a business-like and efficient approach to healthcare. Regardless of the heady promise that such research offers society, the move away from abstract talking

⁶⁸ As cited in Benjamin Goldstein and Francine Rosselli, "Etiological Paradigms of Depression: The Relationship between Perceived Causes, Empowerment, Treatment Preferences, and Stigma," *Journal of Mental Health* 12, no. 6 (2003). pg 553

⁶⁹ Barber, *Comfortably Numb: How Psychiatry Is Medicating a Nation*. pg. 80

⁷⁰ *Ibid.* pg. 78

cures (i.e., psychoanalysis) toward more seemingly concrete biological psychiatry in the form of medications presented managed care with a more containable cost and provided the discipline of psychiatry the respect it needed. It became a matter of defective parts and offending organs, with neuroscience and managed healthcare playing the role of an auto manufacturer issuing a recall.

The confluence of government mandates, business interest, and medicine has created a consumerist ethos that has largely been unexamined in regard to its ramifications for patients' social and cultural perspectives. If we view "the body" as universal and knowable, arguments of racial difference become harder to make and such thinking displaces the relevance of the patient's narrative in diagnosis.⁷¹

The DSM-III

At the center of the epidemic numbers of depressed persons is the Diagnostic and Statistical Manual of Mental Disorders (DSM), the "most widely used classification system, both nationally and internationally, for teaching, research, and clinical practice."⁷² As a publication and registered trademark of the American Psychiatric Association, the DSM is primarily used to diagnose mental disorders in the United States and as a training manual for medical students, however outside of its use as a diagnostic tool, it is also used by policy and law makers as well as insurance companies (for claims and medical billing) and pharmaceutical companies

⁷¹ Anti-psychiatry occurs with African American communities as well; however, I have only anecdotal proof of its existence and dimensions. As a undergraduate at Howard University, I recall the Church of Scientology attempting to gather adherent through fliers in the Georgia Avenue area. Also, Afro-centric groups have used anti-psychiatry perspectives to contradict western views of the black psyche. This area deserves further research, but I do not have sufficient information at this date.

⁷² Yo Jackson and Yolanda Kaye Jackson, *Encyclopedia of Multicultural Psychology* (London: Sage, 2006). pg. 296

(for the manufacture and marketing of medications for mental illness). The role the DSM has played in changing our perceptions of clinical depression is the result of its third revision (the DSM-III), when the major paradigm for understanding mental illnesses changed from a behavioral and environmental model to symptom-based categorical model.⁷³

The DSM-I was first published in 1952 (with later editions following in 1968, 1980, and 1994); however, its evolution to that point began in the nineteenth century, concurrent with the growth of fledgling field of psychiatry itself. It arose out of a need to collect census data of asylum patients in the late 19th century, then later, during World War II, the United States military adopted and refined the asylum model in classifying its service persons, and as a result it became more clinical and regimented.⁷⁴

The primary difference between the DSM-III and its predecessors was the drive to make the manual more scientific, a drive that had, arguably, more to do with politics of the field of psychiatry than desire to create a better tool. In the years prior to the third revision of the DSM, diagnosis played a much smaller role in the treatment of mental illnesses. This is because the modus operandi of the psychiatrist was formed by the belief that mental illnesses were caused by the individual's inability to adapt to change, and it was the work of the psychiatrist to discover what was behind their behavioral symptoms by exploring the personal history of each individual (i.e. psychotherapy). This model manifested a particular tolerance for the

⁷³ Horwitz and Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*.

⁷⁴ Rebecca Jo Plant, "William Menninger and American Psychoanalysis, 1946-48," *History of Psychiatry* 16, no. 2 (2005).

gray areas and blurry boundaries between mental illness and normality, but it was also open to varying interpretations and observer bias.⁷⁵ In the 1970s, the psychotherapeutic model began to fall out of favor, not only with proponents of anti-psychiatry and other dissenters⁷⁶ but also with those institutions dubious of psychiatry's role as a "science," namely the federal government and insurance companies.

Following World War II, these institutions, who were the primary economic supports of the field, were increasingly concerned with the accountability and effectiveness of the dynamic psychotherapeutic model and the economic feasibility of continuing using such a model of care. Prior to World War II most individuals paid for psychiatric services "out-of-pocket," but following the increased role of private insurers and the federal Medicaid program, the rise in third party payers contributed to the pressures to change the model.⁷⁷ According to Rick Mayes and Allan Horwitz, "insurance companies viewed psychotherapies as a financial 'bottomless pit' requiring potentially uncontrollable resources; patients could spend years in psychoanalytic therapy."⁷⁸

On another front, psychiatry's lack of scientific rigor was also costing it new recruits. Psychologists and social workers were able to do the same work as

⁷⁵ The behavioral or environment model of diagnosis was in no way perfect or immune to bias. In the 1970's the American Psychiatric Association sustained significant criticism when it regarded homosexuality as a form of mental illness. Many critics believe that this was also a contribution factor for The DSM's switch to an evidence-based model.

⁷⁶ It is important to note that the DSM-II referred to homosexuality as a "mental disorder," and the protest surrounding this classification were a contributing factor to the retooling of diagnostic criteria in the DSM-III, in that the protest supported the idea that the DSM was not supported by scientific data.

⁷⁷ Rick Mayes and Allan V. Horwitz, "DSM-III and the Revolution in the Classification of Mental Illness," *Journal of the History of the Behavioral Sciences* 41, no. 3 (2005).

⁷⁸ *Ibid.* pg. 253

psychiatrist, as understanding the concepts of repression, the unconscious, and the symbolic interpretation of symptoms did not require any extended medical training, which dissuaded some from pursuing the protracted route of becoming psychiatrists. Psychiatrists, by virtue of their training, commanded a higher reimbursement rate than psychologists or counselors; and insurance companies preferred to use the latter out of cost consciousness.⁷⁹ From within and without, psychiatry was losing face as a medical science.

To assuage the needs for “cost containment” and “expert status” the DSM-III retooled the paradigm of mental illness to one of observable phenomenon and purged its previous basis in the theory of psychoanalysis. The new research based model evaluated the patient on the basis of descriptive criteria of symptomatology in what is generally referred to as an “evidence-based environment” in the DSM’s supporting literature. Diagnosis was determined by the precedent of previous research, and it was expected that ten psychiatrists could examine the same patient and all ten would arrive at the same diagnosis. The team responsible for the revision of the DSM, returned psychiatry to respectability, and “in revising the DSM-III, they transformed the little-used mental health manual into a biblical textbook specifically designed for scientific research, reimbursement compatibility, and, by default, psychopharmacology.”⁸⁰

As a result of these changes, the range of mental disorders expanded drastically. In 1952, the first DSM contained only 106 diagnoses of mental illness. In 1968, the second revision reported a total of 182. In 1980, with the third revision that

⁷⁹ Ibid. pg. 256

⁸⁰ Ibid. pg. 263

number grew to 265. And in the fourth revision (1994) there were a total of 297 diagnoses. The growth in possible diagnoses as well as the changed paradigm of mental illness, contributed to the growing applicability of the manual. Under the new paradigm, the “DSM considerably enlarged the category of mental disorder.”⁸¹ Take for example, “Avoidant Personality Disorder” (301.82) which is defined by a “hypersensitivity to potential rejection, humiliation, or shame” and “an unwillingness to enter into relationships unless given unusually strong guarantees of uncritical acceptance.”⁸² There was a time when that was just considered shyness,⁸³ but in making previously normal behaviors pathological the DSM helped to make the normal abnormally normal, and in doing so created a new market for the pharmaceutical industry.

The connections between the revised DSM and the pharmaceutical industry created markets where before there had been none, and these markets fed directly back into the consumerist and therapeutic ethos of health care. This arrangement also appeased the insurance companies by translating mental health care into more manageable costs. In response to these expanding markets, pharmaceutical companies such as Eli Lilly (Prozac, Zoloft), GlaxoSmithKline (Wellbutrin, Paxil), and Wyeth (Effexor) seized upon the labeling of disorders and positioned their products to meet multiple diagnoses. These medications are all, in part, based upon similar recipes of serotonin and norepinephrine; however, the actual evidence behind applicability a

⁸¹ Eva Illouz, *Cold Intimacies: The Making of Emotional Capitalism* (Cambridge: Polity Press, 2007).

⁸² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, I-IV* (Washington, D.C. : American Psychiatric Association, 1952, 1968, 1980, 1994). pg 340.

⁸³ Martin Guha, "Shyness: How Normal Behavior Became a Sickness," *Journal of Mental Health* 18, no. 2 (2009).

single medication across multiple disorders (say depression and social anxiety disorder) was often a matter of remarketing the product or amending its “uses.” Such a climate created an allure of choice.

According to Jeffery N. Stepnisky, who performed a narrative analysis of depression medication advertisements from 1997-2005, ads for anti-depressants amount to what he calls “narrative magic.”⁸⁴ They create an atmosphere of sober information exchange and plentitude of choices. He remarks on how the boilerplate statement, “[this drug] is not for everyone. Consult your physician,” gives the individual a sense of agency. The advertisements also give the individual a new understanding of themselves, their predicament and their body that allows them, in some degree, to share in the same authority as their physician. He writes:

In contrast to religious and psychoanalytic narratives that required individuals to incorporate disavowed elements of their selves into an ongoing life narrative, antidepressants are *medications* that allow individuals to put aside, or jump over inexplicable and painful moments in their life.⁸⁵

Very much in line with the thinking of the cultural theorist Sut Jhally, consumption does equate with happiness, but in the case of advertisements for depression medications they are not so much selling a product as they are providing information. Happy to have an understanding, a name, and a cure for their malady, many Americans are not critical of the means by which the biochemical model comes to truth, and as a consequence the story of their sadness is indelibly rewritten in the ink of ‘science.’

⁸⁴ Jeffery N. Stepnisky, "Narrative Magic and the Construction of Selfhood in Antidepressant Advertising," *Bulletin of Science, Technology and Society* 27, no. 1 (2007).

⁸⁵ *Ibid.* pg 26

Summary

In the course of this chapter, I have attempted to bring complexity to common understandings of depression and mark out the ways in which social and cultural factors have been divested from our general understanding of depression. The therapeutic ethos of our culture and the recent paradigm shift in how we view mental health, have, in part, made it so matters of blackness, maleness, and class have little space to *matter* in present discussions of depression. As such, pathologies of the universal body of medicine have supplanted and silenced the discussion of the social and behavioral pathologies that still impact black men. In the need to standardize mental illness, social differences of race and social class difference were erased.

I am audacious enough to aver that Dave Chappelle was cognizant of this ‘sleight of hand,’ and rather than exchanging one pathology for another he chose to articulate his experience in terms of “stress” and not “depression.” Nevertheless, “stress” has its own stories in African American narratives of sadness and emotional challenge, but the tools to reach this experience cannot be borne through pseudoscientific means. What is needed is a new paradigm of understanding the psychosocial experience of sadness as an emotional matter – of feelings and structure and of belonging and lineage – which is equally critical of the stories that black men used to construct their encounters with sadness. What is needed is a means of understanding how matters of history and power that are experienced by all marginally situated people and how these experiences what we call “depression.”

Emotional Evidence/Emotional Etiquette: Towards a 'Structure of Feeling' for Feeling

Emotional Evidence

Feelings are not substances to be discovered in our blood but social practices organized by stories that we both enact and tell.

Michelle Rosaldo, *Toward an Anthropology of Self and Feeling*⁸⁶

Emotion, as a concept of experience, engenders a peculiar double-vision. This is because emotion resides both within the realm of the subjective and the world of the objective. Individuals experience physiological sensations that they label as emotions: joy, sadness, excitement, et cetera, and communicate these sensations through labeling-words and/or through bodily expressions and symbolic acts. The meanings we make of 'emotions' (ours and others) can only enter the social world through observable phenomenon, phenomenon produced by the body, such as a smile or a frown or through bodily gestures 'read' by others in relation to the feeling and performing individual.⁸⁷ Conversely, symbols within the social world, themselves, can represent emotion and engender feeling in individuals on a physiological level. For example an overcast day can inspire sadness or melancholy or a holiday event can create feelings of mirth or happiness. The dual nature of emotional experience and

⁸⁶ Michelle Rosaldo, "Towards an Anthropology of Self and Feeling," in *Culture Theory: Essays on Mind, Self, and Emotion*, ed. Sweder and LeVine (London Cambridge University Press, 1984).

⁸⁷ I am not excluding the idea "gut reactions" or conditioned emotional responses, say from traumatic abuse. I am only trying to illustrate how emotions are social also and that the social realms are where they gain their meaning.

the roles that symbols play in mediating these two realms make any discussion of emotion simultaneously private and public, individual and socio-cultural.

Nevertheless, when we consider the concept of “emotion,” it is primarily the experience of the individual that gets most of our attention. This is because emotions are generally thought to have their root in an individual’s private and bodily experience of feeling. The rapid heartbeat of fear, the euphoria of love, and the sweating and agitation of anxiety manifest in our physiological reactions to outside stimuli. Our predominant preoccupation with the inward view of emotion is, in part, the result of our own empirical evidence of how fear, love, and anxiety become “real” for us. However, when we hear others speak of their emotional experiences, we refer to our own experiences. We “relate” to others’ feelings *through* our own; however, we can never experience their physiological reactions first-hand. Instead, we communicate and share our experiences through words and symbols, acts and gestures, which mediate inner worlds of sensation and the outer world of meaning.

Where, then, do we locate “emotion?” Are our “emotions” biologically rooted in our physiological sensations, hardwired to our frames? Or are they words, which we use like colors on an artist palette to paint the moods and moments of our lives? To give precedence to one realm would preclude the other. This double-bind, which such ideas about emotion inspire, ultimately points to a third and more important question: the question of evidence. How do we speak, write, and think about emotions coherently? As perhaps the most slippery of phenomena, emotion, as it is generally understood, does not offer us any simple answers. The solution I offer is we must look to the middle ground, to those points of contact between the personal and the

social worlds, to the signs, symbols, and schema where our most immediate and sharable knowledge of emotion resides, and most importantly to the emoting body.

The African American male body has been a point of interest for cultural theorists in recent years. As a lived but oft invisible experience, its threat, its beauty, and its labor have helped to inspire much needed work on the signatory power of blackness and maleness in American culture; however, viewpoints on black men as emotional and feeling bodies have not been grounded in scholarship that deals specifically with emotion or emotion theory. Rather they have addressed the emotional experiences of African American men as a byproduct, but an important one. In this chapter, I will review literature that has taken emotion as its primary subject, exploring questions of disciplinarity, theory and methods and attempt to create a space in which factors of blackness and maleness can be discussed.

The title of this chapter is intended to inspire thinking that emotions can provide evidence of a politics of feeling regarding our relationships to the social world. Feelings are political events, because feelings are social phenomenon. Unlike gut-level, physiological sensations, feelings are performed acts; they are voiced and circulate in the social sphere. It is the latter wherein my primary interests lie. When considering African American men and emotion, we must consider how feelings of sadness and vulnerability as well as rage and joy create spaces of invisibility and hyper-visibility and operate along axes of race and gender in ways that establish particular degree of expectancy in regard to emotional performance. I am interested in this quality of expectancy and the work emotions *do* in African American men's relationship with the collective and the social through the black and male body. I am

theorizing this body as a social construct; it is a site of control as well as a space of maneuver. In the course of this chapter, I want to review some of the literature on emotion theory in hopes of bringing greater nuance to our conversations regarding emotional politics among African American men.

Addressing Emotion along lines of gender and race

When we think of the emotional, we generally do not think of men, grown men. If you do an Internet search on “men,” and “emotions” you get fewer hits than if you searched for “emotions” and “children” or “adolescents” or “women.” There is a particular value attached to “emotion” that is both gender specific and age specific. Children are usually called “emotionally disturbed” or regarded as having “emotional problems” perhaps because children are still learning the social codes by which they are to perform emotions. Adults understand that they are to be serious at funerals and joyous at weddings (even if they must lie in their performances), but children must learn these things.

Such a way of thinking makes evident how our society attaches very specific meanings to “the emotional” and who has access to that realm. Either seen from a developmental standpoint in regard to children, or in dealing with the sensual world of women (who are *supposed to be* ‘creatures of feeling and emotion’), “emotion” and the realm of the “emotional” are blocked off to men in common understandings. The concept of the “emotional man,” in some ways, contradicts the normative expectations of hegemonic masculinity; however, such perspectives are still marginal, as “emotional men” invite questions of their identities raging from their sexuality to their maturity and even back to their sanity.

In dealing with the subject of emotion and black men, the expectancies of race must also be considered. The assumption that emotions are ‘of the body’ complicates an exploration into black emotionality, in so far as blacks have been historically regarded as problematic social bodies that are more emotional than rational. Thomas Jefferson in his “Notes from a Virginian Farmer” claimed that African Americans did not have the mental faculties for self-governance, but this lack of worldly concern made them masters of music.⁸⁸ For the beat writers Allen Ginsburg and Jack Kerouac, the Negro was a hedonistic Buddha to be emulated and worshipped.⁸⁹ And in the contemporary, the hardened emotion composure of Gangsta masculinity is revered as authentic, even as it helps to preserve our presumptions racial and gender difference in a racist patriarchal society, it also helps to maintain systems of control to limit black male anger (e.g., the uneven punishments of African American adolescent males, the Jena 6). In these ways, the intersection of gender and racial expectations lends African American men a peculiar form of cultural capital, in that they may be viewed as rational beings due to their gender, but seen as more feeling due to their blackness. Black men’s bodies carry a particular emotional value, both needed and expected, from within and without African American culture.

My work will use and apply theories of emotion in dealing with black men, because (as described in the previous chapter) the situated use of “depression”

⁸⁸ “Comparing them by their faculties of memory, reason, and imagination, it appears to me, that in memory they are equal to the whites; in reason much inferior...In music they are more generally gifted than the whites with accurate ears for tune and time, and they have been found capable of imagining a small catch” pg 265 in Thomas Jefferson and Merrill D. Peterson, *Notes on the State of Virginia* (New York: Library of America, Literary Classics of United States, 1781).

⁸⁹ “So there was a new breed of adventurers, urban adventurers who drifted out of at night looking for action with a black man’s code to fit their facts. The hipster had absorbed the existential synapses of the Negro, and for practical purposes could be considered a white Negro” Norman Mailer, *The White Negro* (San Francisco: City Lights Books, 1957). Part II, no pagination

operates as a distancing act which excludes elements of the raced and gendered body. When we use the term “depressed,” we do not require the biography of the individual, and matters of race and gender are not needed to make meaning of experience. In moving away from the medical and scientific model of sadness toward a more cultural expression of sadness would at least allows us to view how the story of what we may perceive as depression unravels within a context of greater narrational authority.

Therefore, in this chapter, I am more interested in those stories that have been imposed from the outside but still involve a level of complicity on the part of black men. I want to explore how emotional performances are rendered as authentically black, and the consequences this authenticity bears for our understanding of black male emotional subjectivity. These stories can be regarded as cultural myths in the sense that they create meaning structures by which individuals construct, communicate and measure their own experiences; however, these myths are not benign. They create spaces of belonging as well as exclusion.

In the following pages I will review the methods of finding evidence of emotions in such mythic structures and the theories required to make meaning of what is found. With emotion being such a slippery concept, I will first provide a few examples of previous work, so that I can place my later discussion into perspective.

Towards a Structure of Feeling of *Feelings*

Since 1980 there has been an explosion of academic writing on emotion.⁹⁰

Much of this research has either viewed emotion from an evolutionary or biological perspective or it has viewed it from a philosophical or cultural perspective; however, for the purposes of this review, I am primarily concerned with the latter, and particularly those perspectives that deal with emotion as a relational process involving the body, consciousness, and the surrounding world. What is to follow is by no means exhaustive, but rather it is selective of what I see as major currents in emotion theory research.

Much of the theoretical work on emotion which has embraced emotion as a cultural phenomenon has employed some form of social constructionism. In social constructionism, “societies bend, shape, encourage, and discourage the expression of various emotions... [exerting] certain restraints while favoring certain form of expressivity.”⁹¹ Although, all cultures have some system of “restrain” and “reward” in regard to the performance of emotion, the individual still maintains some degree of agency.

According to Norman Denzin, an early supporter of this viewpoint, emotion is a “lived, interactional process.” In order for feelings to have meaning and to be communicable, the individual requires some form of relationship with others to give his or her experience meaning. In combating the notion that emotion is private or only a sensation of the physiological body, Denzin argues that our emotions and their

⁹⁰ For a further discussion of the rise in emotion theory and research see Michael Lewis and Jeannette M. Haviland-Jones, *Handbook of Emotions*, 2nd ed. (New York: Guilford Press, 2000). Introduction

⁹¹ Barbara H. Rosenwein, "Worrying About Emotions in History," *American Historical Review* 107 (2002). pg. 830

meaning, implicate the signatory power of our corporeality, and are thus simultaneously social. Denzin writes:

Emotions are embodied experiences. The place of the body as an instrument in the expression of emotion cannot be denied. However, the body does not call out its own interpretations of internal somatic states. These interactions are given in the field of consciousness by the person reflectively, through self-interactions.⁹²

Theorizing the body as a ‘point-of-contact’ with the social world, Denzin proposes that emotion and emotional work form a continual process of negotiation, wherein the interpretation of feeling is determined by cultural, structural, and relational factors, which, in turn, create particular feeling rules. The rules, largely unwritten but no less scripted, inform us of how to revere the American flag at a military funeral, how to behave at a formal afternoon tea, and how to show respect to elders and parents as well as how we feel about performances at these events. Denzin does not explore these scenarios in any depth; however, his idea of emotion as an “interactional process” enables us to understand the precincts in which feeling rules operate.

In regard to such feeling rules, several writers have explored this issue in ways that may be illustrative for this dissertation. The historian Peter K. Stearns has written extensively on emotions as they relate to American social history, and particularly the history of family roles and gender performance. Stearns believed that individual and private emotional experiences made for poor research into the history of emotion. Instead, he proposed the idea of “emotionality,” which pertained to a historical examination of the “attitudes or standards that a society or a definable

⁹² Norman K. Denzin, "A Note on Emotionality, Self, and Interaction," *American Journal of Sociology* 89, no. 2 (1983).

group within society, maintained toward basic emotions and their appropriate expression.”⁹³

Viewing emotional performances as something that has varied across time and contexts, Stearns’ theory sought a means to determine how Americans’ emotionality had changed in regard to social rituals such as courtship or childrearing. He was motivated by questions such as “how should one feel about corporeally punishing children and how has the sentiment changed?” For Stearns, these feeling rules were created by tensions between “socially prescribed emotional values and the criteria individuals themselves use to evaluate their emotional experience – and the emotional experience itself.”⁹⁴ Using popular advice manuals and a limited comparison to individual statements, Stearns was able to show how emotional standards were shifting and contestable yet still constrained by a particular sense of etiquette. However, in regard to method, Stearns’ final analysis was a bit skewed, because the classes for whom such advice manuals were written (i.e., the middle class) are not representative of all people in a society.⁹⁵ His keenness on the “respectability” of his sources does not eliminate the applicability of his model, but it does require us to think of what we can use as “evidence” when such records are not available.

⁹³Peter N. Stearns and Carol Z. Stearns, *An Emotional History of the United States* (New York: New York University Press, 1998). pg. 813

⁹⁴ Peter N. Stearns, "History of Emotions: The Issue of Change," in *Handbook of Emotions*, ed. Michael Lewis and Jeannette M. Haviland-Jones (New York: Guilford Press, 1993). pg. 21

⁹⁵ It could be argued that the middle-class is the most emotionally repressed, and therefore would naturally produce a major ‘paper trail’ of such manuals and etiquette guides. Furthermore, African Americans are not excluded from such repression nor as the possible readership of these same manuals and guides, but Stearns is not concerned with African Americans and makes no mention of racial difference.

The sociologist Arlie Hochschild also explored the idea of feeling rules in her work on “emotional management” in the workplace using the rubric of class.⁹⁶ For Hochschild, performances of courtesy and pleasantries were as much a product of exchange as physical and mental labor, and she argued that particular fields require a level of “acting” in the delivery of service. In her view, middle-class positions, or “meaning making” occupations (lawyers, doctors, teachers) required a particular degree of impression management as opposed to more physical labor. Examining how middle-class and working-class people manage their emotional expressions differently, she argues that feeling rules are learned through socialization, and perpetuated by the class structure. In defining ‘feeling rules’ Hochschild writes:

A feeling rule shares some formal properties with other sorts of rules, such as rules of etiquette, rules of bodily comportment, and those of social interaction in general...A feeling rule is like these other kinds of rules in the following ways: It delineates a zone within which one has permission to be free of worry, guilt, or shame with regard to the situated feeling. Such zoning ordinances describe a metaphoric floor and ceiling, there being room for motion and play between the two. Like other rules, feeling rules can be obeyed half-heartedly or boldly broken, the latter at varying costs.⁹⁷

In its most basic form, “‘emotion work’ refers more broadly to the act of evoking or shaping, as well as suppressing, feeling in oneself.”⁹⁸ Hochschild primarily finds evidence of this tension through interviews with subjects who “should” feel a particular way about an event: for example, parties, weddings, dating, funerals, etc. In

⁹⁶ Arlie Russell Hochschild, *The Managed Heart: Commercialization of Human Feeling* (Berkeley: University of California Press, 1983).

⁹⁷ Arlie Russell Hochschild, "Emotion Work, Feeling Rules, and Social Structure," *American Journal of Sociology* 85, no. 3 (1979). pg. 566

⁹⁸ *Ibid.* pg. 561

mining their responses for comments such as “I ought to feel” or “I shouldn’t feel this way,” she uses language to illuminate how such responses “reflect patterns of social membership,” and these social groups can be class, gender, or racially-based, occupational, or religious, et al.⁹⁹

While Stearns was focused on change, Hochschild was focused on belonging. Both perspectives employ some perspective of the “interactionalism” that Denzin describes above; however, as the anthropologist Margret Lyon suggested, such perspectives may give too much attention to how emotions are social constructed and obviate the bodies of the individuals involved. This is due to what she calls the “ideation” of emotion and the overdependence on “words” of emotions. Despite the drive in the social and humanistic disciplines to view emotion as a cultural phenomenon, these disciplines still believe that emotions are, at their base, cognitive and that individuals *decide* what their feelings mean in relation to more dominant social scripts of behavior through self-reflexivity. Lyons, along with other anthropologist (Renato and Michelle Rosaldo as well as Clifford Geertz) have argued that emotion is a embodied experience, which involves the materiality of the body itself as well as the ability to actively reflect upon that experience.

Lyons calls this loss of materiality the “disappearing body” of emotion research. By materiality, I am referring to the positionality created by factors such as race, gender, and status that typically give the individual a set of life experiences that

⁹⁹ This theory can be extrapolated to deal with “zones” of race as well. For example, African Americans generally have longer periods of mourning in comparison to white Americans, which involve acts of recurrence and remembrance, which view the departed as still present. See Paul C. Rosenblatt and Beverly R. Wallace, *African American Grief, The Series in Death, Dying, and Bereavement* (New York: Brunner-Routledge, 2005).

avail them to particular *feeling scenarios*, if you will. In locating the “disappearing body,” it is thus necessary that the investigator not only analyze the languages and signs that govern their feeling states, but also position themselves in relation the subject. Emotional experiences should not be seen as universal.

To understand the other’s emotions, therefore, requires that the ethnographer has shared the basic life experiences that evoke those feelings (such as the death of one’s child or a sustained threat to one’s life). From this perspective, adequately understanding others’ emotional lives is impossible through cognitive means; verbal descriptions or ‘mere words’ cannot give access to the essence of emotion to which one is admitted only by lived experience.¹⁰⁰

The necessity of the shared “lived experience” does not rule out investigators with markedly different life experiences than their subjects, but it does surface the necessity of positioning ourselves as investigators. This requires the work of not taking words that describe emotion (“hate,” “fear,” “joy,” etc.) at face value but rather viewing how these feeling states operate in the whole of the subject’s experience. By sharing in the “lived experience” of emotion (as best we can), we can re-invite the bodies of the subject and ourselves, by making their encounters with emotion less ‘literal’ and more relational, revealing the affects of power relationships, historical baggage, and cultural capital.¹⁰¹

While these viewpoints provide ways that individuals navigate feeling rules, they are lodged from the perspective of compliance or non-compliance, reward and

¹⁰⁰ C. Lutz and G. M. White, "The Anthropology of Emotions," *Annual Review of Anthropology* 15 (1986). pg. 415

¹⁰¹ In African American culture, this “lived experience” is tied to the shared cultural remembrance of slavery as well as generic experiences with racism. Emphatic phrases like “I felt like a runaway slave,” rendered humorously might be perceived as only a ribald joke. While on the other hand non-Irish attendants of a wake might see drinking with corpse as disrespectful or exceedingly morbid. Meanings can be lost at the level of emotion if investigators are not aware of their deep meaning.

punishment. They are concerned with individual agency and what people *do* or *can do* in negotiating their emotional performances; however, we must also consider the emotional weight that our bodies carry *a priori* of our actions or agency. The enormous power of the images in our postmodern society reveals how bodies have been written upon by history and this signatory power of the body must also be considered in evaluating how the cultural politics of emotion work.

Sara Ahmed views emotion as a type of social and sentimental residue that mediates the relationship of social beings.¹⁰² Employing the concept of an “economy” to her understanding of how emotions work, she argues that particular qualities of our being, such as our blackness or whiteness, our hetero-normativity or queerness, our poverty and wealth have value and meaning that precede us. She works from a premise that emotions are neither individual nor private but rather “circulate between bodies and signs.” In her conceptualization of bodies she is not so much concerned with bodies in the sense of biology or physiology; rather she is concerned with how bodies, in the signatory sense, become vessels of emotional sentiment.

Writing from the perspective of her native Australia and the United Kingdom, she examines “websites, governmental reports, political speeches, and newspaper articles,” which address topics ranging from immigration to terrorism. In a post-9/11 environment, these issues are the cause of much internal debate on what constitutes citizenship and belonging. In her argument, foreigners and non-whites become the objects through which racist whites express their fear as hatred. In transferring their fear of annihilation upon the bodies of non-whites and foreigners, more powerful

¹⁰² Sara Ahmed, *The Cultural Politics of Emotion* (New York: Routledge, 2004).

whites are able to ennoble their hate as normal and even expected. However, it is not the actual bodies or behaviors of non-whites and foreigners that matter, but rather how the sign of their otherness stands in for their own feelings of fear. The fear of losing standing, resources and social dominance is reconstituted into a fear of pending violence and assault at the hands of non-whites. This violence or threat need not be real, rather it is the possibilities of that threat which engenders a 'crisis' and justifies emotion of hatred required to combat it.

In Ahmed's understanding, the bodies of marginal subjects are written upon by those aligned with the prevailing power structure. Her concern with writing and scripting shares much in common with Ronald L. Jackson's ideas of the scripting of the black masculine body, in that both authors are concerned with the utility of marginal bodies within cultures of fear. Jackson is equally concerned with transference and the ways in which American culture and society have read their issues with difference on to the flesh of black men. Furthermore, his work provides an interesting balance to Ahmed's work, particularly in regard to his views of how black hip-hop artist and filmmakers have been complicit in the inscription and approval of what he terms as the "minstrel thug."¹⁰³ Ahmed does not explore such instances of complicity as her model primarily addresses a one-way relationship of signs, as a matter of hegemonic emotional structures wielded by the powerful and "stuck" to the powerless. Nevertheless, Ahmed's theory of "sticky emotions" is useful in that it shows how emotional identities are created through an exchange of symbols and accumulated meanings, even if it is an uneven exchange.

¹⁰³ Ronald L. Jackson, *Scripting the Black Masculine Body : Identity, Discourse, and Racial Politics in Popular Media* (Albany: State University of New York Press, 2006).

A final theorist who may be helpful for this investigation is Raymond Williams and his concept of a “structure of feeling.”¹⁰⁴ It is important to note that when Williams wrote of “feeling” he was not writing about emotion, per se, but was rather writing of the ways in which people *feel* that they belong to a particular tradition or culture in difference to others. Williams’ gaze was primarily historical; as he was more concerned with how new generations of Britons selectively remembered the past, in terms of what he called the “selective tradition.” In choosing from the selective tradition, continuities to the past are taken up selectively by later generations, reproducing aspects of the past while neglecting others. The sense of the group’s present is created through the new generation “feeling its whole life in certain ways differently, and shaping its creative response into a new structure of feeling.”¹⁰⁵ In William’s eyes, the structure of feeling is a creative response to present circumstances, and it is also a revision of the past to meet present needs. Through a reordering of relevant and applicable texts – “the documentary culture, from poems to buildings and dress-fashions”¹⁰⁶ – and situated interpretations, a structure of feeling allows a generation to face a ‘new world,’ on its own terms.

Williams’ structure of feeling is applicable to understanding emotions as interactional and political, if we understand “documentary culture” and “tradition” in

¹⁰⁴ It bears mentioning that Williams’ use of “structure” is not the same as my use of structure in addressing structural inequality or institutional racism in the previous chapter. Arguably, the use of the term has developed over the years as it has passed through different intellectual traditions. Nevertheless, some basic similarities do remain. William’s use of the term shares a lineage with my use in so far as “structure” signifies a perpetuating tendency within a culture; however, Williams was not concerned with inequality and injustices in his use. He was more so interested with tradition and change.

¹⁰⁵ Raymond Williams, *The Long Revolution* (New York: Columbia University Press/Chatto & Windus, 1961). pg. 50

¹⁰⁶ *Ibid.* pg. 49

a more liberal sense. Unlike Stearns' need for "respectable" sources of emotional standards, Williams, as cultural theorist, is open to a wider array of texts and symbols which help to give a group its identity. Unlike Hochschild's rigid attachment to perpetuating class structures, Williams views his structure of feeling is "as firm and definite as 'structure' suggests, yet it operates in the most delicate and least tangible parts of our activity."¹⁰⁷ And in regard to Ahmed, Williams' theory can tolerate some the messiness of "sticky" emotions as he too is concerned with circulations of meaning and value. Williams' structure of feeling can work for my present circumstances, because its bears a tolerance for the multi-vocal meanings within texts and symbols and the often unscripted purposes they are put. Furthermore, Williams was comfortable with the complexity and unknowability of how groups came to a sense of themselves, and the indefinite meaning of texts at the dawning of postmodernity.

The structure of feeling addresses how we remember and how we forget, and it draws our attention to how the act of forgetting is as political an act as the act of remembering. Williams writes: "a cultural tradition is not only a selection but also an interpretation." Albeit his focus was historical, his framework of belonging and connection can be applied to an understanding of feeling rules for African American men. However in adapting his theory, we must move from a field of time and history to one of difference, in which the 'here' and 'there' is a matter of divergent images, representations, and stories rather than one of eras. Postmodernism has brought on the collapse of history; the past is remembered in fragments and our relationship to

¹⁰⁷ Ibid. pg. 48

the past often has more to do with our uses of it. These images are not in the past, but rather they circulate in the present as possibilities of being. For Williams, the selective tradition of a culture is a “very deep and very wide possession, in all actual communities, precisely because it is on it that all communication depends.”¹⁰⁸ History and tradition still do matter, for we often look to the past, to mothers and fathers, ancestors and ghosts, to forge our perceptions of emotional strength and weakness;¹⁰⁹ however, we cannot neglect how we define ourselves in opposition to emotional bodies that do not reflect needs of our selective tradition in the present. It is through the immediacy of such images and the way they form fields of reverence and repulsion that helps to structure the ways in which black men should feel and the ways they should not.

In adopting Williams’ theory it must also be adapted, and it would more fitting to title this revision as a structure of feeling *of feelings*. Feelings are indeed ‘stuck’ to bodies, and feeling rules are created by the authorities of those bodies in relation to others. In the next section, I will address the evidence of feeling rules as available through popular culture, and the ways in which images and representations can stand as a form of etiquette.

¹⁰⁸ Ibid. pg. 48

¹⁰⁹ Such a viewpoint can be immensely useful in understanding African American’s emotional experience.

Emotional Etiquette

I been in this game for years; it made me an animal
There's rules to this shit; I wrote me a manual...

The Notorious B.I.G., "the 10
Crack Commandments." *Life
After Death*¹¹⁰

"You betta act like you know!"¹¹¹

Etiquette, simply put, is a code that governs social behavior. Etymologically, the word is related to "truth," "ethics," "convention" "custom," "formality," "manner," "rite," and "protocol." From the now obsolete French *etiquet*, etiquette also shares the same ultimate source as the English word *ticket*, and this is revealing, in that, etiquette is often seen as a "pass" or "passport" into a more evolved and favored form of society. Through its rules, etiquette prescribes and restricts the ways in which people should interact with one another, while carrying with it a potentiality as a means to class mobility and social respectability. As term, enlisted to describe contemporary social phenomenon, etiquette may seem to be out of its time; however, as I will argue, the general meaning of the word is immensely applicable in understanding emotional etiquette in the present. To do so will require that the essential nature of etiquette, the need for it, and the sources of etiquette instruction be pared down *to their most basic forms* in order to reveal their "capacity to articulate

¹¹⁰ Notorious B.I.G., "The 10 Crack Commandments," in *Life After Death* (New York: Bad Boy Records, 1997).

¹¹¹ From the vernacular; no attribution.

the terms of a changed logic of social life.”¹¹² The primary lesson to be ‘learned’ from studying etiquette is the social consciousness that necessitates behavior modification.

Guides of etiquette become necessary in times of drastic social change, particularly so in times when old ways of knowing one another and ourselves are unsettled by changes to the structures and systems that bore “the meaning of us.” Such is the case for African American men and their relationship with hetero-normative notions of masculinity. With the dearth of well-paying blue collar labor possibilities, unequal educational access, decaying urban neighborhoods, black men, have struggled to find new ways of being to assume the western traditionally masculine breadwinner’s role amid a landscape of dwindling opportunities in a post-Civil Rights environment . In addition to these more traditional economic determinants of masculinity, there are also the anxieties of sexuality, homophobia, and gender performance, which equally affected feeling rules among African American men. Our present is marked by crisis of authority, of control, as well as a crisis of affect. For persons so unsettled, etiquette and its rules provide a means to mediate crisis.

Representations from popular and common culture are perhaps the closest thing to a modern day etiquette manuals we have when considering boundaries of normative masculine emotional performance. Like the etiquette manuals of the past they cannot and do not indicate how individuals will act, nor do they speak of the truth of lived experience. Nevertheless, they do offer us a cultural field of shared symbols, a documentary culture, upon which “communication depends.” I would like

¹¹² J. Ardit, "Etiquette Books, Discourse and the Deployment of an Order of Things," *Theory, Culture Society* 16, no. 4 (1999). pg. 28

to offer that popular culture, and specifically hip-hop culture, offers us the scripts by which men measure and construct their emotional performances.

The Currency of Pain

It's like their teeth and their birthmarks and stuff. They're not letting that stuff go, not for anything, and they really do go through a lot of discomfort to keep them.

Michelle Wallace, in an
interview with *Black American
Literature Forum*¹¹³

John Henry was a steel driving man, but he died trying to beat a machine that was built to take his place. This narrative echoes through out African American culture in what sociologist Sherman A. James calls “John Henryism.” In his investigation of hypertension among blacks, he defines it as a “strong behavioral disposition to cope actively with psychosocial environmental stressors.”¹¹⁴ Primarily economic in nature, James viewed John Henryism as the “cultural adaptation” of “a newly freed people faced with the daunting task of creating for themselves an *American* identity.”¹¹⁵ In order to combat the notion of blacks’ unpreparedness for freedom, African Americans, both men and women, pushed themselves to prove themselves worthy and capable of assuming the economic burdens of freedom. Wrought from equal parts of optimism and anxiety, the myth of John Henry pushed

¹¹³ Karen Boorstein, "Beyond Black Macho: An Interview with Michele Wallace," *Black American Literature Forum* 18, no. Winter (1984).

¹¹⁴ Sherman A. James, "John Henryism and the Health of African-Americans," *Culture, Medicine, and Psychiatry* 18, no. 2 (1994). pg. 163

¹¹⁵ *Ibid.* pg. 178

African American's tolerance for pain, but in some ways made that pain a badge of honor.

In the field of African American literature, Trudier Harris finds a similar myth at play in the "conceptualization of the black female character."¹¹⁶ In her essay "This Disease Called Strength: Some Observations on the Compensating Construction of Black Female Character," she finds fault with the recurrence of the strong black female character – "more suprahuman and human" – which had come to be largely expected by African American readers. For Harris, this myth has been written into African American fiction – wrought from historical sentiments similar to John Henryism – and has affected "future directions of creativity" not only in terms of reading and interpreting literature, but also in terms of larger cultural scripting.¹¹⁷ She wrote: "Perhaps we are afraid of what will fill that void ... perhaps black people, generally, are willing to continue to embrace strength because anything else would be more destructive than strength could ever be"¹¹⁸ I believe the fear of that "void" is nothing less than the fear of articulating suffering in contradiction to the expectation of strength in African American narratives of adult selfhood.

Considering black men and how their stories of strength and weakness get scripted, they have a similar relationship to this "void," which is historical and girds

¹¹⁶ T. Harris, "This Disease Called Strength: Some Observations on the Compensating Construction of Black Female Character," *Literature and Medicine* 14, no. 1 (1995).

¹¹⁷ I am aware that literary theory cannot be applied blindly to sociological critique and that Harris does take liberties in applying such theories to lived circumstance, without evidence. My interest in the myth of strength differs from Harris' in that I am not discounting strength as a *myth* (read: lie), but rather I view the myth of strength as sustained pattern of seeing blackness as "struggle." In using her as an example, I am interested floating nature of the myth and its social permanence. I am not attempting to contradict the truth of the myth, but rather I am interested in African Americans investments in it.

¹¹⁸ Harris, "This Disease Called Strength: Some Observations on the Compensating Construction of Black Female Character."

their relationship to “feeling rules.”¹¹⁹ With slavery and the politics of Jim Crow in the distant past, black men are still involved in a matrix of labor, masculinity and emotion that owes its origin to that time; however, the economies of agriculture and manufacture have been replaced by the economy of consumption. In many ways, John Henry is not dead, as the anachronism of his story still bears some resonance for African American men in the present. There is still a use for John Henry stories because, I believe, they help to establish a level of continuity for black men to imagined reservoirs of strength and meaning. But in light of this relationship with an imagined past, how is black men’s relationship with honor and pain articulated in the present? And how does this new milieu affect the politics of feeling rules?

If we take the discourses of hip-hop culture as an example, we are presented with a variety of identities and concepts that suggest that John Henry lives on in contemporary ideas of black masculinity in ways that lean heavily upon particular emotional performances. The iconographies of “thugs,” “hustlers,” “pimps,” and “real niggas,” have stuck to African American men through labeling and their own complicity. They are all, in some degree, stylizations of self that are used to bolster men’s claims of mastery over their environment as well as themselves.¹²⁰ This mastery takes place within the space of discourse, and this space has been named in different ways: “the grind,” “the game,” or most illustratively “the struggle.”

“The struggle,” as a discursive space, is generally used to describe the resistances of the socially disadvantaged against racism, poverty, and both

¹¹⁹ Hochschild, "Emotion Work, Feeling Rules, and Social Structure."

¹²⁰ Robin D. G. Kelley, *Yo' Mama's Disfunktional! : Fighting the Culture Wars in Urban America* (Boston: Beacon Press, 1997).

intercultural and state violence. Usually voiced within an urban context, it has become the leitmotif of hip-hop cultural being. Perhaps its earliest manifestation in hip-hop music was “the Message” by Grandmaster Flash and the Furious Five in 1982:

Don't push me cause I'm close to the edge.
I'm trying not to lose my head;
It's like a jungle sometimes it makes me wonder,
How I keep from going under.¹²¹

The sentiment was not new, as a similar ‘message’ could have been gathered from Richard Wright’s *Bigger Thomas* or other protest literature; however, arriving during a time of increased media dispersal and it owed its vigor to the postindustrial realities it intended to portray as much as it did to the figures that styled its presentation. Part reality and part fantasy, “the struggle” was a revisioning of the struggle for civil rights, but instead of the struggle for privilege, it has generally been rendered as a struggle for survival.

The biopic of 50 Cent (A.K.A Curtis Jackson), *Get Rich or Die Trying* (2005),¹²² tells the story of the rapper’s journey from drug dealer to a recording artist, and is indicative of the survival story and its lessons for emotional composure. Marcus didn’t know his father. His mother (Katrina) becomes a drug dealer, to support her son, and is murdered. Marcus follows in his mothers’ footsteps, becomes a drug dealer himself with dreams of becoming a rapper. Marcus is mentored in the trade by Majestic, who Marcus learns was the man responsible for his mother’s death.

¹²¹ Grandmaster Flash and the Furious Five (Musical group), *The Message* (Englewood, N.J.: Sugar Hill Records, 1982), sound recording.

¹²² Jim Sheridan, "Get Rich or Die Tryin," (Paramount Pictures, 2005).

The movie addresses the cyclical nature of crime, violence and incarceration in the drug economy and Marcus's story is a tale of breaking that cycle.

At its core, the movie is concerned with survival but it is also concerned with absent fathers and Marcus' efforts to fill that void. At one point in the film, Majestic coaches Marcus on the six rules of the drug business. Two of the rules speak directly to emotional etiquette: "don't praise a nigga too much or he'll think you're soft" and "show no love; love will get you killed." "Love," in this instance, involves the attachments and values that black men may place on interpersonal relationships and the possibility that these relationships may be used against them, either through politics of leverage within the relationship or through the threat of the loved object being taken away. Love, in this way, is thus "killing" in the sense that it exposes the sufferability of black men, and in exposing black men as feeling or sentimental they contradict what is required to perform the black masculine hegemonic code of the street. These edicts are meant to guide Marcus in the public world of the drug business, but in his relationship with Charlene, a childhood friend and the mother of his newborn son, such love is permissible but "softness" is not.

After being shot multiple times, Marcus survives, and in an effort to escape the drug game Marcus returns to his family and his dreams of being a recording artist. He is in a state of depression and speechless due to the final bullet that had shattered his jaw. Despondent over the trauma of the event, loss of his livelihood, his doubts concerning his new career as a recording artist, and the burdens of fatherhood, Marcus' falls in to a state of depression as a result of his anxieties over his masculine role. He is forced out of his depression by Charlene who threatens to leave him as he

is not behaving as a good role model for their son. It is the threat of losing his family that compels his turn around; however, the leverage of the threat posed by Charlene's is not rendered in terms of love, but rather is rendered as matter respect. In dwelling on his suffering, Marcus would have lost the respect of his son, not necessarily his love; however, in such renditions of masculine emotional performance, where love is permissible, the two are often one and the same, but when it is not, respect is essential.

The meanings of trauma and pain come to a culmination in the same scene. In order to begin recording, Marcus painfully removes the bracing and wiring that held his mouth shut with pair of pliers. In the act of willfully removing the braces without anesthesia – in the absence of a dentist who could relieve the pain – the pain becomes an act of self-baptism, and he, in many ways, becomes his own “doctor.” Marcus is able to bear the pain because he must, as there is no other recourse. (Medical care, like psychiatric care, is a luxury.) After removing the braces, he is left with a speech impediment because of the injury. Falling upon frustration, once again, he thinks his voice, the source of his new livelihood, is ruined. But Charlene retorts that his voice sounds even better, because “it has more pain in it.”

The pain of the bullets, the pain of the tool-box dentistry, and the pain of fatherlessness are validating not only of Marcus' masculinity, but also his blackness. And although the film tells a black boy's story, the currency of pain is in many ways similar to the pains that bolster the concept of the “Strong Black Woman” and its rights to racial authenticity. Charlene ability to ‘call’ Marcus on his behavior owes to this racial-emotional symbiosis. Charlene's power in the movie arrives out of her

casting as the voice of black female heterosexual desire, and in this position Charlene is given the power to *approve* or *disapprove* of Marcus' emotional performance. The rules of emotional etiquette she voices are in many ways more influential than the rules set down by Majestic. In the hetero-centrism of the story, her body and its desires can affirm his masculinity in ways that Majestic's guidance cannot.

This interpretation, of course, is of representations and emotional politics as they circulate in cultural products and cannot reveal the emotional politics involved in actual relationships between black men and black women; however, it is not a stretch of the imagination to argue that this story is one of many that influence the lives and loves of real black folks. Black heterosexual desire poses a unique set of emotional expectancies and the story of 50 Cent (read: Curtis Jackson), while not a love story, uses the gendered politics of love to describe his journey into manhood. However, what the viewer takes away is probably not that deep, as its ties to the real life of Curtis Jackson, and the realities of those physical wounds, are enough to eclipse the film's emotional politics.

In this way, the pains of belonging are physicalized, externalized, and the gendered nuances of pain in the film are flattened by the spectacle of violence. The masculinized currency of pain is derived by the authenticating power of bearing pain with grace. The wounds testify to the value placed on black men's perseverance through difficult and even life threatening experiences, and they generally mark the body as badges of masculine attainment and growth.

What is not dealt with in these stories of pain and perseverance are those pains that cannot be made sense of within the narrative of black male crises, those pains

that do not mark the physical body. Those pains which cannot be conceptualized within a narrative of muscular masculine assertion and individual will or even a love story. Those pains that threaten the emotional core where blackness and maleness intersect and threaten heterosexual privilege. They have very little space in representation because their struggles remain unseen. This is the true trauma, the true absence.

*What feeling cannot hold the body must assume.*¹²³ This simple sentence has stayed with me, and I believe it has bearing on issues of emotional trauma and black male bodies. In masculine narratives such as the one above, physical pain carries more weight than mental pain or emotional pain, because to bear the scars and incapacities of a lesser known war is better than bearing a pain that has no manifestation, no discourse to contain it. Physical marks of violence can be seen and thus more easily shared, made common and made into a commonality. I believe that when a pain is rooted in the emotional, and if the individual does not have the ability or resources to process or make sense of that pain, the pain can be made manifest on the body. Think of the role that memorial tattoos to the dead play in contemporary African American culture. They form their own discourse, outside the body, and they take the place of an otherwise indescribable loss. They represent strength and a tolerance for pain.

The absence of any sustained discussion of the suffering among African Americans is a matter of fearing the loss of its cherished symbols, and central to this cadre of symbols is the unflappable masculinity of its black men. However, in the

¹²³ These are my words.

context of this dissertation it would be more exact to label that fear of weakness as really a fear of articulating suffering and what that suffering might mean in the light of the need for such cherished symbols. I believe that such a discussion of black male suffering do exist for they help to sustain what the ideal is not, but because of their antithetical nature such discussions seldom appear in the discourse for long. They are fleeting and elusive, and they are often contradictory to core ideals of African American's self-perception. To talk of suffering, for both black men and women, is to remove the straight-jacket that our preoccupations with strength have become, and it requires a will to venture into uncharted territories.

Fear the Queer

You know what I think is deep? Just the fact that you hear so many brothers calling other brothers bitches: bitch ass niggas. It's amazing that we haven't really talked about it more, because to me that's just as pervasive as misogyny.

Byron Hurt, *Beyond Beats and Rhymes*¹²⁴

As a discursive construct, "masculinity," voiced in the assumption that there is only one way to be a man, walks a thin line. Behaviors such as forcefulness, strength, drive, and independence and composites of objectivity and emotional detachment are largely seen as the socially favored and idealized masculine characteristics. Theorists in masculinity studies referred to this social construct as "hegemonic masculinity," which was intended to describe a set of performances to which most men aspire, and by which all men are either privileged or disadvantaged in their relation to the

¹²⁴ Byron Hurt, "Beyond Beats and Rhymes," (United States: Media Education Foundation, 2006).

ideal.¹²⁵ Later theorists argued that hegemonic gender constructions were indefinite and shifted according to social position, context and other factors. While others have argued that masculinity, as a performance, does not need men at all.¹²⁶ In such discussions, masculinity has been destabilized as a unified description of being, and during the development of masculinity studies, discussions of “masculinity” have turned to the discussion of “masculinities.” But these academic perspectives still do not displace the customary rules of gender and their bearing on emotional performance.

Although gendered performance has no immediate bearing on an individual’s sexual orientation, anxieties over *perceived* sexual orientation are often central to conceptions of masculinity. In *Dude, You’re a Fag: Masculinity and Sexuality in High School*, sociologist C.J. Pascoe investigates the ways in which gendered performance and inferences of sexuality overlap at a suburban Colorado high school. Even though the boys in her study used the insult “you’re a fag” and adamantly asserted it had nothing to do with sexuality, Pascoe argued that the power of such insult is still based upon some perceived transgression of the normative masculine code; however, these codes operated differently across along lines of race and class. While the white boys felt that “caring too much about clothes” or “dancing” were “unmasculine,” these factors did not challenge the masculinity of black boys.¹²⁷ Pascoe viewed her black participants as operating according to a different system of value and status, where having style was equated with having

¹²⁵ Robert W. Connell, *Masculinities* (London: Allen & Unwin, 1995).

¹²⁶ Judith Halberstam, *Female Masculinity* (Durham, NC: Duke University Press, 1998).

¹²⁷ C.J. Pascoe, *In Dude, You’re a Fag: Masculinity and Sexuality in High School* (Berkeley/Los Angeles: University of California Press, 2007). pg. 57

class status.¹²⁸ She argues that the boundary of queerness were instead marked out in the use of the insult “that’s white,” her logic being that white men are “by default feminized” by black men’s hyper-sexuality.¹²⁹ Contingently, she found that the use of the word “fag” or other direct insults to one’s masculinity are not as prevalent among black youth as white youth (perhaps because of different systems of insult and consequence in working-class cultures of the African American adolescents she interviewed.) Albeit, her analysis of how sexuality operates in the lives of young black men is a bit over-simplistic, it does suggest how the historical particularities of race and gender for black men influences feeling rules toward abject emotional performances.

If emotional etiquette is formed in response to a “changed logic of social life,” then the recent phenomenon of black men on the down-low, in some degree, can be seen a contributing factor to the feeling rules of African American men. Anxieties have arisen from the way in which black men on the down-low have been rendered as public health threats (as the culprits of the AIDS epidemic in the black community) and have been viewed as the antithesis of conservative conceptions of the middle-class black nuclear family. As the naming implies, men “on the down low” can be anyone; they can be anywhere. Keith Boykin has written of the vilification of gay black men and how such a process stands in the way of actually addressing in the

¹²⁸ Such expressions of style were antithetical to the white adolescents in her study as she dedicates some space to the meanings of dancing and dress.

¹²⁹ Pascoe, *In Dude, You’re a Fag: Masculinity and Sexuality in High School*. pg. 71

AIDS crisis and African American's homophobia.¹³⁰ But no one has really addressed how such a witch-hunt has informed the black men's emotional politics.

A recent addition to the hip-hop vernacular addresses this anxiety. The term "no homo" is used to distance a speaker from any comment they make that may be taken as queer.¹³¹ Added to beginning or end of a comment as a matter-of-fact statement, it is intended to allow some degree of gender transgression, however, its power of differentiation still rests upon the objectification of an Other. In the environment created by the down low debates, this Other is more fantasy than real, more apparition than flesh and blood. What matters most are the myriad of uses to which it can be put. In illustrating the utility of such bodies in African American heterosexual discourse, Marlon Riggs writes:

What lies at the heart, I believe, of black America's pervasive cultural homophobia is the desperate need for a convenient Other *within* the community, yet not truly *of* the community, an Other to which blame for the chronic identity crises afflicting the black male psyche can be readily displaced, an indispensable Other which functions as the lowest common denominator of the abject, the base line for transgression beyond which a Black Man is no longer a man, no longer black, an essential Other against which black men and boys maturing, struggling with self doubt, anxiety, feelings of political, economic, social, and sexual inadequacy – even impotence – can always measure themselves and by comparison seem strong, adept, empowered, superior.¹³²

¹³⁰ Keith Boykin, *Beyond the Down Low: Sex and Denial in Black America*, 1st Carroll & Graf ed. (New York: Carroll & Graf, 2005).

¹³¹ For example, "Uh huh, no homo: she said, 'he so sweet, make me wanna lick the rapper.' So I let her lick the rapper." Lil' Wayne, "Lollipop," (Universal International, 2008).

¹³² Marlon Riggs, "Black Macho Revisited: Reflections of a Snap! Queen " in *Traps: African American Men on Gender and Sexuality*, ed. Rudolph P. Byrd and Beverly Guy-Sheftall (Bloomington: University of Indiana, 2001). pg. 293

What Riggs helps to elucidate is the doubled invisibility of queerness and queer acts in African American culture: “no longer man, no longer black.” Perhaps queerness can never be fully detached from sexuality, but Riggs’ “convenient Other” helps us to begin to imagine how such a trope regulates emotional behavior; however, this process is not easy.

As stated in the previous section, mapping out the converse of strength is difficult as weakness is often antithetical to African Americans’ cultural scripts of blackness; therefore only fragments are available. Rather than scripts, which have beginning, middles, and endings, stories of weakness are anecdotal. Their use value is to shore up the more acceptable scripts of strength as instances and moments of non-strength. Even in the realm of black Christianity and the black church, spaces in which the visceral encounter with weakness is allowed to move grown men to tears, weakness is rendered as the “work of the devil” as exemplified in a statement such as “worrying is a sin.” This displacement of weakness, upon that which is “not us,” not of our character and potential, erases the self-reflective elements of the subjective experience of emotional vulnerability and enlists it to enable us to see what we want to see.

Take for example two recent cases, both in April of 2009, involving two 11-year old “black” boys¹³³ who committed suicide because they were tormented by classmates as gay.¹³⁴ The suicides of Carl Joseph Walker-Hoover and Jakeem Herrera were seen as examples of bullying, of kids being cruel to kids. The cases

¹³³ I use the word black in quotations because Carl Joseph Walker-Hoover was African American, while Jakeem Herrera of Atlanta was originally from the Virgin Islands.

¹³⁴ See: Alex Tresniowski et al., “Two Boys, Two Towns, Two Tragedies: Bullied to Death?,” *People*, May 18 2009.

were primarily portrayed in the media in terms of the “hot topic” of bullying and perhaps reached a wider audience and a greater deal of discussion. The gay press did pick up the story and also addressed it as a matter of bullying; however, they viewed it as a larger of issue of the pervasiveness of homophobia. Both boys were too young to profess their sexuality, but it was their emotional performances – Jakeem was a big fan of Michael Jackson and loved to dance and Joseph was a bookish church boy – that perhaps led to accusation of their sexuality by classmates. The mother of Joseph, Sirdeaner Walker, was interviewed by *The Advocate*, and agreed that it was matter of homophobia:

It's not just a gay issue...It's bigger. He was 11 years old, and he wasn't aware of his sexuality. These homophobic people attach derogatory terms to a child who's 11 years old, who goes to church, school, and the library, and he becomes confused. He thinks, *Maybe I'm like this. Maybe I'm not. What do I do?*¹³⁵

Online responses to the news story on black news sites were mostly compassionate to the mother's loss, and equally described it the result of a societal homophobia; however, none that I could locate considered the consequences of homophobia among African Americans.

But some weren't as consoling. A few of the commenters responded to the story and regarded Joseph as “weak” and even blamed his mother for the suicide for not preparing her son. On the Internet site *The Daily Voice: Black America's Daily News Source* a commenter only known by “Anonymous 2009-04-10 11:44:22” wrote:

Harassing environments are all over the place, on Wall Street, in the board room, everywhere [sic]. Sorry, we don't live in a safe world where you are immune to verbal or

¹³⁵ William McGuinness, *School Yard Bully* (Advocate.Com, 2009 [cited May 29, 2009]); available from http://www.advocate.com/exclusive_detail_ektid78827.asp.

emotional harassment and abuse. You simply have to know how to manage it, even when it rains on you on a daily basis. Sometimes the best thing to do is leave the environment, many people do. I blame the Mother, that's right, the poor kids Mother. She simply did not keep a watchful eye on her child, did not know how to armor him up to cope with abuse and harassment, and if it was beyond all management...She should have took him out of that environment. Quit making excuses ya'll.¹³⁶

While another commenter named “Cecil Jones 2009-04-11 01:51:45” wrote:

The sensationalism in this story was about the innocence of this child and the word ‘Gay.’ He should not be serving as a victim for increased sympathy for a sexual behavior. The tragedy here was he wasn't strong enough to avoid taking the easy or ‘cowardly’ way out of a confrontation. We need to teach our kids to be stronger, but now words make us cry.¹³⁷

It is reasonable to assume that both the commentators were black men;¹³⁸

however, these examples are not indicative of how all African American men feel toward homosexuality, because neither of the comments is really about sexuality at all; they are about masculinity. In each rendition, “strength” is regarded as something the Joseph *should have* learned. As adult men commenting on the suicide of a child, they articulate a threat that is much larger than the loss of young boy, because, in some ways, his suicide poses a real threat to the belief that strength saves black boys. In the words of the mother, Joseph’s suicide was “bigger” than a “gay thing,” and indeed it was. For it involved a perpetuating cycle of cultural messages that wedded

¹³⁶ Rod McCullom, *Anti-Gay Bullying Drives 11 Year Old Mass. Student to Suicide* (The Daily Voice: Black America's daily News Source, 2009 [cited May 29, 2009]; available from <http://thedailyvoice.com/voice/2009/04/antigay-bullying-drives-11-yea-001773.php>.

¹³⁷ Ibid.([cited]).

¹³⁸ “Anonymous” did make a reference to being called a “Nigger” and “Cecil Jones” expressed disgust at Joseph’s wearing of a Morehouse sweater in a photo accompanying a news story of his suicide.

cultural definitions of sexuality and strength in ways leave little us space to discuss the story of Joseph.

African Americans' inability to talk about weakness is a voluntary myopia that has served African American' well in terms of keeping at bay criticism of black character and worth; however, blacks, as a sociological group, are not the only persons affected by such blindness. Avery F. Gordon refers to this blindness as endemic of social knowing. In her book *Ghostly Matters: Haunting and the Sociological Imagination*, she writes of how our neglect of those categories of being which threaten our authorities of knowing, leaves our relationships to the repressed – “ghosts” and outlying and unresolved contradictory evidences – incomplete. These “ghosts” are created by our inability to deal with “complex personhood” and our lack of subtlety to “treat race, class, and gender dynamics and consciousness as more dense and delicate than those categorical terms often imply.”¹³⁹ Arguably, African Americans have dealt with the same issues in knowing the ghostly matters of their own complexities. Joseph is such a ghost.

What, then, do black men do when their experience of suffering runs up against African Americans investments in strength? How then does the need to be “acknowledged” as both black and male condition the emotional responses of black men and form feeling rules unique to that location? What spaces are provided for black male suffering bodies outside of a cultural history muscular overcoming? I honestly cannot answer these questions at this writing, for this would require, I think, another dissertation. Nevertheless, this conundrum makes any effort at such work a

¹³⁹ Gordon, *Ghostly Matters: Haunting and the Sociological Imagination*. pg. 5

queer process, requiring a knowledge of the social histories have helped to form our understanding of the black male psyche under duress as well as the courage to let go of what we want to see in our selves.

Summary

In this chapter I have attempted to create not a methodology, per se, but more exactly a framework for understanding how investigations into the cultural politics of emotion among African American's might proceed. African American's absence from the theoretical literature on emotion as socially constructed should not be regarded as lack of expertise or interest in the subject; rather such discussions have been taken up across representational fields and in places where 'theory' is not assumed to reside. I present the concepts of emotional evidence and emotional etiquette as means to make the structures of race and gender, and their lessons, matter in our evaluation of African American emotionality and to point to other locations of meaning making.

From Black Rage to Black Pain: Gender, Genre and the Structure of Crisis

Overview

This chapter will examine two books, published exactly forty years apart, which address the mental health of African Americans in non-academic contexts. In choosing these two works, *Black Rage* (1968) and *Black Pain* (2008), I want to examine how popular understandings and discussions of mental health, in general, and depression, in specific, among African Americans have changed over the past forty years. As popular works, they offer us examples of how the complexities of mental illness are made generalizable to a lay readership, through the use of emotional language and cultural examples. These works bridge the *depression-to-emotion* divide, wherein they flesh out a medicalized and abstract experience in the context of language and culture, and in doing so, produce something new. Therefore, my rationale for choosing them is not to determine verity of their information or claims, but rather I am interested in how those claims are made and how notions of social crisis, in their respective eras, condition what can be said about African Americans and depression.¹⁴⁰

¹⁴⁰ It must be acknowledged that these works are, indeed, very different texts; however, they are vital to understanding how discussions of African American's emotional experiences occur within historical contexts. *Black Rage* was an overtly political text concerned with explicating the significance and consequences of black anger, but *Black Pain*, while largely a work of the self help genre, is also a political text. In the atomizing of African American public culture following integration, the belief in the existence of a "black community" has continued to shape African American's cultural politics, albeit this community has, in some ways, become more imagined than real. I include *Black Pain* in the chapter, not simply on the virtue of a similar title, but more so because it responds to this new sense of black politics and black community from within the self-help genre.

In choosing to address a topic such as depression over the said time span, I must make it clear that I am not interested in presenting a neat, linear narrative of ‘progress’ or ‘evolution,’ wherein “we know better than we did then” concerning mental health, even though this may be the case in some circumstances. Medical advances combined with the increased dispersal of such information through ubiquitous media may have created a more informed public, but the means by which the public makes such information *usable* is very much a matter of the milieu in which they are communicated. Therefore, I am more so interested in how interpretations of mental illnesses are influenced by the demands of shifting historical contexts, and the ways in which changes in black cultural politics directly correlate with how African Americans mobilize around the issues mental health and wellness. As I have argued in an earlier chapter the concepts of “depression” and “mental illness” are *artifacts of discourse* (see “A Normal Paranoia”), and, as such, the meaning of those terms are contingent upon social and cultural milieu in which they are communicated. In this chapter, I would like to take that argument a step further to make the case that when concepts of mental illness are applied within a framework of “blackness” they *take shape* around how the idea of crisis is politicized.

In using the term *politicized*, I am referring to how these works situate their discussions of mental illnesses among African Americans within the public sphere, and, in doing so, attempt to elicit a particular sentiment of action or responsibility on the part of the reader. According to Jürgen Habermas, the Frankfurt School sociologist credited with coining the term, the “public sphere” is a discursive space in which meaning is articulated, distributed, and negotiated among a collective body of

participants conceptualized as “a public.”¹⁴¹ In such an arrangement or structure of communication, the mutual interests and commonalities of the public in turn condition what is can be said on a particular topic as well as how that topic is *made to matter*. In regard to mental health discussions among African Americans, this space has been presented by many writers, both popular and scientific, to be nascent or impoverished in that many of the books that address this topic do so as if they are breaking the silence surrounding mental illness for American blacks. But contrary to these sentiments, blacks and others have been discussing and making sense of how issues of race and social differences impact African American mental health since, perhaps, the inception of this country, albeit through multiple means and for different ends.¹⁴²

The major difference in these later popular works, and *Black Rage* and *Black Pain* in particular, has been that they have used medical knowledge, authority, and terminology in an effort to articulate an African American standpoint on mental health and wellbeing; however, this effort at articulation has been more so a matter of addressing African Americans’ varied resistance to such narratives rather than their ignorance of medical knowledge. In the words of John Head, author of *Standing in the Shadows: Understanding and Overcoming Depression in Black Men*, “the silence on the subject among blacks is due, in part, to our lack of a vocabulary to talk about

¹⁴¹ Jürgen Habermas, *The Structural Transformation of the Public Sphere : An Inquiry into a Category of Bourgeois Society*, *Studies in Contemporary German Social Thought* (Cambridge, Mass.: MIT Press, 1989).

¹⁴² Daryl Michael Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996* (Chapel Hill: University of North Carolina Press, 1997).

depression.”¹⁴³ ¹⁴⁴ In attempting to give African Americans a “vocabulary” to address mental illness, *Black Rage* and *Black Pain*, in their own eras and in their own ways, attempt to bridge science and the social, but in doing so, they reinvest conceptions of illness and health with new meaning and a new sense of purpose for blacks by telling a new story.

The process of creating a vocabulary for African American conversations on mental health in the black public sphere is not a simple matter of injecting new words and concepts into discussion, because words, such as ‘depression,’ in themselves, are abstract concepts. In order to make this new vocabulary usable by a lay readership, the authors of these works merge medically or scientifically authorized narratives of mental health with cultural and social narratives of African American experience of an emotional texture. In short, both works make the complex plain by fleshing-out abstract concepts with anecdotal examples; however, in dealing with matters that may be, at first glance, best left to “the experts,” these works also tell their own stories, stories that respond to the crises that confront their authors. In this regard, my efforts in this chapter will be toward the ways in which the context, meaning, and political significance of mental health among African Americans becomes story. By “becoming story,” I am referring to the way in which the authors use case histories and testimonies as well as the historical backdrop of slavery and institutionalized racism to tell divergent stories of “rage” and “pain.” Viewing *story* as an analogue to

¹⁴³ John Head, *Standing in the Shadows: Understanding and Overcoming Depression in Black Men*, 1st ed. (New York: Broadway Books, 2004). pg. 3

¹⁴⁴ The reference to “lack” in the comment is not my opinion. I use it to show how works on depression may at times use an educational or didactic air that could be seen as condescending.

discourse, I will be viewing mental health as an issue which takes shape within larger stories, and rests and leans upon these stories.

Black Rage

Text and Context

Black Rage by William H. Grier and Price M. Cobbs was first published in 1968. Professionally, Grier and Cobbs practiced as psychologists and held various teaching positions at universities and medical colleges. The two began collaborating when at The University of California Medical Center. Drawn together out of a mutual interest in the case histories of their African American patients, they noticed that despite their educational, economic, or social standing, all their patients seemed to express similar sentiments of anger, self-hatred, and frustration. Employing a psychoanalytic framework, the authors concluded that the root cause of their black patients' psychological problems was due to feelings of suppressed rage resulting from the psychosocial trauma of the legacy of slavery and later forms of systemic racism. The cause for much of this *rage*, as argued by the authors, was a denied and deferred access to the promises of the American Dream. Everything from failed romantic relationships to single parent households to the persistent social problems of the black underclass were viewed by the authors as contributable to the psychic tensions wrought by the second class status of blackness. In essence, the authors presented a theory of an accumulated and incapacitating stress, wherein blacks, without the means to vent their rage resulting from such social injustices, became sick by "holding it in." However, the deeper message within *Black Rage* was that African

Americans could no longer hold it in, individually or collectively, and that “black rage, apocalyptic and final,” was the only inevitable conclusion.¹⁴⁵

In regard to its disciplinarity, the book more closely resembles a work of sociology than a work of psychology or psychiatry, as the writers were more so concerned with how social experience impacts psychological experience. The authors follow the sociological line in their concern with group rubrics. Composed of nine chapters and an epilogue, the book addresses topics ranging from the divergent experiences of black men and black women (in separate chapters), the impact of slavery on the black psyche and black behavior, the institutions of marriage and devalued black desirability, the maladaptive social mores of African Americans, the failure of the American educational system, the acceptable limits of black paranoia (for black men primarily), the roots of interracial hatred and its consequences for the nation, and a final chapter highlighting the power and consequences of black rage for the nation as a whole.¹⁴⁶

Black Rage was a work of protest literature, if we define protest literature, simply, as writing intended to inspire action based upon social discontent. It interpreted the mental health of African American as a direct result of racial injustice and inequality, and the proper response was to get angry. Its major contribution was to name black discontent as “rage,” and in doing so, it elevated the emotion of rage from feeling to a political event.

On the face of it, *Black Rage* is very much a product of the era that produced it. Published in a year following several large urban riots (i.e. Watts, Newark,

¹⁴⁵ William H. Grier and Price M. Cobbs, *Black Rage* (New York,: Bantam Books, 1969). pg 210

¹⁴⁶ Ibid.

Detroit, et al.), the book gave voice and contour to a sense of frustration which was present in African American cultural politics as well as within the national scene. Earlier in the decade, it appeared to some that America, as a nation, was making a change toward racial reconciliation and equality. The March on Washington in 1963 and the passage of a series of Voting Rights Acts and the Civil Rights Act in 1964 gave the impression that the nation was trying to change, for the better. However, in the wake of the riots, arguments of African Americans' waning faith in the promises of legislation and electoral politics were not difficult to make, as it became evident that the changing of laws had little impact on altering the deeper and systemic roots of racism and social inequality. "Rage," the emotion and the political concept, gave African American's not only a means of expression, but also a freedom to be angry.

United States Senator Fred R. Harris, who penned the foreword of the 1968 edition of the book, also served on the Kerner Commission (a popular name for the National Advisory Commission on Civil Disorders) which was established by President Lyndon B. Johnson to investigate the causes of the riots. The findings of the Kerner Report were that the riots were a consequence of African Americans' dissatisfaction with a number of factors (mentioned below); however, in the commission's final summation, it was white racism that was viewed as the paramount cause for the riots. Senator Harris, as a member of this Commission, echoes such thinking in his foreword for *Black Rage*, writing:

To be sure, there are many evils which derive from racism that are more easily identified, including the existence of ghetto neighborhoods, joblessness, stultifying classrooms, and poor health. But there should be no mistake about this, for the future of America is too important: the root cause of black wrath that now threatens to destroy this nation is the unwillingness of white Americans to accept Negroes as

fellow human beings. This is precisely what we meant by racism.¹⁴⁷

Senator Harris stated what some felt was obvious; but, his words informed the readers, both black and white, that the leadership of the nation was listening and invested in a solution. In acknowledging the anger of blacks, the Senator's contributions as a witness and state appointed expert helped to solidify the concept of black rage in the public consciousness,¹⁴⁸ but his contributions also spoke to how African American civil disturbances operated at the policy level. The image of denied black agency they engendered in popular imagination was ultimately a struggle for manhood.

In *Black Rage*, the conceptualization of the whole of African American experience is rendered in dominantly masculinist terms. The authors' frequently use of "the Black Man" as a synecdoche for all black people, even though the authors acknowledge the divergent experiences of black men and women. Often used when describing African Americans abstractly in the historical or categorical sense, "the Black Man" borrows from the black rhetoric of the time. Prior to the aforementioned Kerner Report, the Moynihan Report published three years prior (and also published under the auspices of the Department of Labor) referred to the "problem" facing African Americans' as a "tangle of pathology" based primarily on assumption that matriarchal family structures were keeping blacks from advancing in society. Under the prevailing middle-class logic, it was believed that if black men were to have the

¹⁴⁷ The Kerner Commission, *Report of the National Advisory Commission on Civil Disorders* (New York: Bantam Books, 1968). pg. vii

¹⁴⁸ In the early 1970s, the "Black Rage Defense" became a commonly accepted term in legal discourse. It resulted from several legal cases in 1971 using the pressures of restricted environment on unemployed men. See: Paul Harris, *Black Rage Confronts the Law*, *Critical America* (New York: New York University Press, 1997).

same access to employment, education and other resources they could achieve social parity with middle-class white men.

Black Rage shared this concern, but rather than critically viewing the issue of family structure and pathology in terms of black cultural adaptations, the authors assumed black men's right to patriarchy and central role in the black household as natural. They root the primary difficulties of black men (both socially and psychologically) as contingent upon the male 'breadwinner' role and the necessity of equal pay and equal opportunity to fulfill that role. The connections between black men as patriarchs and breadwinners are casually made throughout the book, as if to assume that the effects of racism and duress upon the black psyche could be healed by returning to a normative understanding of family. For both nationalists and integrationists alike, the notion of African Americans as a "family" was seen as essential for nation building. At the time of *Rage's* publication it was a powerful rhetorical device to see all black people as united. "The black man" portended a sentiment of cohesiveness and progressive thinking; however, it erased the contributions of black women and spoke largely on the terms of the larger white society's fears. The authors' use of the "black man" phraseology, therefore, helped to construct the agency to heal the mental illnesses that faced "all blacks" vis-à-vis the threat of urban violence. This "rage," in and of itself, offered no succinct cure or policy level solution, however, it voiced the authors' belief in African American men's historical displacement from patriarchy and the right to masculine assertion through the emotion of rage, if not the violence that such rage portended.

The reception for *Black Rage* as a work of sociological critique and public policy for some readers was, in part, built-in due to the place that African American discontent and violence had taken on the national stage, but this sentiment was not new to blacks. Long preceding the burning of numerous black enclaves in American urban areas, there is an extant discussion of blacks' emotional composure toward racism and its damaging effects on the black psyche. According to the sociologist Daryl Michael Scott, in his book *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche 1880-1996*, describing African Americans as "damaged" by their racialized experiences in the United States is part of a long history, written from both liberal and conservative viewpoints, which extends back to the beginning of such sociological discussions (e.g., W.E.B Dubois's *The Philadelphia Negro, 1899*). In Scott's purview, "forcing the damaged to come to grips with their pathology has always been a central aspect of the conversion process for black nationalists."¹⁴⁹ ¹⁵⁰ He uses the example of Malcolm X's work with the Nation of Islam to make this point, but, arguably, a more fitting example in understanding the reception of *Black Rage* by black readers would be the work of the Algerian psychologist Franz Fanon who employed the same formula.

Of Fanon's two seminal works, *Black Skins, White Masks* (1952) and *The Wretched of the Earth* (1961), it was the latter that articulated black violence as the inevitable response to racist oppression and, perhaps, was the *Black Rage's* most

¹⁴⁹ Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*. pg. 164

¹⁵⁰ The "conversion process" is at the heart of my earlier argument of the "cultural myopia" caused in the pursuit of strength. Opposing the "damaged" self to the improved self, allows the convert to measure his development against the damaged.

logical predecessor. However, it is unclear how much of a direct affect that Fanon's work had on Grier and Cobbs as psychiatrists. And it is also unclear how much of an affect that the work of Fanon had in conditioning readers, and particularly African American readers, in accepting the violence-as-inevitable argument which lies at the center of *Black Rage*.¹⁵¹ Nevertheless, Fanon believed that "violence is a cleansing force. It frees the native from his inferiority complex and from his despair and inaction; it makes him fearless and restores his self-respect."¹⁵² In this line of thinking, the general argument stands that when blacks are presented with the fact of their pathology, as a direct result of their duress under racism, they will take collective action against the racist system in a revolutionary sense. Take for example an oft quoted line from *Black Rage* that echoes Fanon's sentiments of release in an American context: "As a sapling bent low stores energy for a violent backswing, blacks bent double by oppression have stored energy which will be released in the form of rage."¹⁵³

Nevertheless, differences between the texts remain, for while Fanon speaks of the cleansing power of rage, Grier and Cobbs are less concerned with resolution than they are with damage, as it pertains not only to the psychic health of African Americans but also to the health of American society. Unlike the Black Nationalist perspectives of Fanon and Malcolm X, Grier and Cobbs were Black Integrationists, in that the onus of action lied primarily in the hands of white Americans and the

¹⁵¹ I mention Fanon in the context of published literature and do not intend to exclude other means by which such arguments or sentiments may have informed readers. News events were probably more powerful, more immediate, and more accessible than the work of Fanon.

¹⁵² Frantz Fanon, *The Wretched of the Earth* (Harmondsworth: Penguin, 1967). pg 57-58

¹⁵³ Grier and Cobbs, *Black Rage*. pg. 210

rectification of their social policies toward African Americans.¹⁵⁴ The dominant plea for action or “conversion” within *Black Rage* was directed toward American whites; nonetheless, the book still had use for its black readership.

The primary utility of *Black Rage* for its general black readers was the connections it made between the historical practices of slavery, the turmoil of the late 1960s, and the psychic experiences of individual blacks. As a popular book, intended to be “useful and accessible,” it helped to further a discussion of the politics and economy of plantation slavery as formative to the mentalities of not only black Americans, but also white Americans. Disregarded by many critics as non-revelatory and nothing new, a few critics at least admitted that “it is not unreasonable to think that it may come for the first time to many.”¹⁵⁵ Along this line of thinking, *Black Rage* could be seen as a teaching tool or a curriculum resource, if you will, for African Americans wanting to make the arguments that history, and more particularly the traumas of black history, did matter if white Americans were to understand the present social condition of African Americans, however, in the authors’ easy generalization of the “rage” as applicable to all black people, the book’s strengths are also its weakness.

Criticism of Black Rage

In the 40 years since its initial publication, the book has been held by at least four publishing houses, and has never been out of print.¹⁵⁶ Largely absent of footnotes or other forms of citation, *Black Rage* is not a traditionally academic work.

¹⁵⁴ Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*.

¹⁵⁵ Henrietta Buckmaster, “After Slavery, What?,” *Christian Science Monitor*, November 14 1968.

¹⁵⁶ Determined by a title search in WorldCat.

In fact, the book sustained considerable criticism from reviewers for this absence and other improprieties at the time of its initial publication. For example Dr. Kenneth Clark, who along with his wife and colleague Mamie Phipps Clark presented key testimony (i.e., “the Doll Test”) during the proceedings of *Brown v. The Board of Education*, wrote in a 1968 *New York Times* book review:

Grier and Cobbs present their generalizations, no matter how obvious, as if they were brilliant new truths which had not been previously seen or understood by others. Interpretations and hypothesis are presented as if they were unquestioned and unquestionable findings and facts. Probably there is something about the primary dependence upon the perspective of the patients, the inherent drama of personal pathology, together with the doctor-patient power relationship, which leads to subtle and sometimes flagrant arrogance of psychiatrists and which results in their distortion of complex realities by their occupational pontification and profound oversimplifications.¹⁵⁷

In a separate review, by Dr. Hugh F. Butts, M.D., in *The Journal of Negro Education*, levels a similar criticism at such simple connections: “Individual psychodynamic patterns cannot be viewed as applicable to 22 million people.”¹⁵⁸ In regard to the work’s exceeding focus on “the Black Man,” Dr. Hugh asks,

Why are Grier and Cobbs oblivious of the strengths in the black-matriarchal family? ... Grier and Cobbs seem unaware of the contextual setting of the black matriarchal family structure. Racially stereotyped views would have us view the black woman as a castrating ogre, when in actuality it is the white racist who is the ogre.¹⁵⁹

Despite the book’s lack of academic appeal and the glaring liberties taken by it authors, its message has been in some way vital and useful for further explorations into the black psyche under racist duress. Perhaps its enduring appeal to popular

¹⁵⁷ Kenneth B. Clark, "As Old as Human Cruelty," *New York Times Book Review* (1968).

¹⁵⁸ Hugh F. Butts, "Black Rage," *Journal of Negro Education* 38, no. 2 (1969).

¹⁵⁹ *Ibid.*

audiences, and in particular black audiences, was the way it was able to put a face on the emotional distress of African Americans through its use of case histories.

The authors of *Black Rage* rely heavily on their liberal use of the “case histories” of their African American patients, and these case histories are perhaps the primary means by which *Black Rage* can be considered *usable* for black audiences. Known by first names, physical characteristics such as “a dark-skinned woman,” or left nameless, the stories of the patients in these case histories are used to illustrate the points of the authors in different chapters, but seldom do the authors return to the patients in the case histories or discuss them for more than a few pages. The power of the case studies lies in their ability to speak to generalized black experience and to give “rage” a story, if not a face. In their authoritative role as scientists (as psychiatrists and in some ways as social scientist) the authors speak authoritatively and their handling of the case histories is in many ways final. The limited complexity of their approach is in many ways justified through the authority of Grier and Cobb as credentialed professionals and their position as educated “race men” discussing matters of social importance and urgency; however, in the end the need for “answers” trumps the need for “analysis.”

Sharing much in common with the racial polemics of their day, the authors evoke a sentiment of almost militant knowing: “And of all the things that need knowing, none is more important than that all blacks are angry,” they write, “we have talked to many Negroes under the most intimate of circumstances and we know better.”¹⁶⁰ In describing the diversity of their patients, they continue:

¹⁶⁰ Grier and Cobbs, *Black Rage*. pg. 4

They are typical of black Americans, held tight in a snare, coming more and more to realize that even their inner suffering is due largely to a hostile white majority and, with this realization, gaining a determination to change that society.^{161 162}

In regard to method, the authors apply a simplified version of psychotherapy to get at the ailments confronting their patients. Issues of sexuality and desirability loom large in their interpretations of black men and women, respectively. As one reviewer had commented, sexual dysfunction is used as “synonym of frustration,” in that normative heterosexual activity is portrayed as the litmus test of a strong black marriage by Grier and Cobbs.¹⁶³ Through its power to titillate and inform, these stories allowed the reader to imagine the ways in which the social impacts of racism could permeate the most intimate and personal of circumstances (i.e., love and sexuality) and this sense of violation, perhaps, provided the authors’ means of “forcing the damaged to come to grips with their pathology.”¹⁶⁴

Within the first pages of the book the authors tell the story of Roy, a working-class black house painter who had come to one of the authors because of sexual impotence following a thirty-foot fall at work. Previous doctors found no physiological damage that could have caused his impotence; however, in learning of Roy’s biography they build a case that his impotence was only a manifestation of a larger and more generalizable cause. In telling the story of Roy, they mention his absent father, his abusive mother, and they describe the way in which he used a

¹⁶¹ Ibid. pg. 4

¹⁶² This example illustrates how emotions are socially constructed and are given meaning in a historical context. In naming the “suffering,” the authors construct it as a hydraulic force pushing the reader to action and toward a particular racialized conscious that is gendered masculine in sentiment.

¹⁶³ Buckmaster, “After Slavery, What?”

¹⁶⁴ Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*. pg. 164

vigorous work ethic to compensate for his otherwise denied masculinity within a racist society. As the first case study in the book, Roy's story anchors all the stories that follow, and is illustrative of the ways in which issues of sexuality, gender roles, and family structure under a racist system impact the lives of their subjects.

For the authors, "Roy's illness revolved in large measure around his conception of his place in the world," however, this "conception" is largely constructed by the authors intertwining of sexual potency and labor in their understanding of a normative masculinity.¹⁶⁵ They write:

[Roy] had been married for about a year ... and his sexual life, like his work, was vigorous. He had intercourse two, three, and four times nightly. His wife, whose previous husband had failed to satisfy her sexually, was delighted with his performance and felt that their marriage was largely founded on his prodigious capacities.¹⁶⁶

In placing an example of retarded black sexuality, the flaccid black phallus, at the forefront of a work dedicated to the mental health of all African Americans, the authors make an appeal to their readers that their private worlds of the bedroom and the hearth cannot be separated from the public world of work and society. They construct racism as siege upon their most intimate of relations and 'essential' of abilities. In this way, sexuality serves as the bedrock of adult personhood and identity.

In the following example they tell the story of Bertha, who they describe as "a dark skinned girl with thick lips and a flat nose" who would be considered "homely and unsophisticated" according to the authors' standards.¹⁶⁷ Bertha had several unsuccessful and abusive relationships with "uneducated men." As the daughter of a

¹⁶⁵ Grier and Cobbs, *Black Rage*. pg. 8

¹⁶⁶ Ibid. pg. 7

¹⁶⁷ Ibid. pg. 9

land owner, Bertha becomes a degraded educator, but because of issues of self-esteem and racist conceptions of beauty she finds herself continually in relationships with black men below her station. Bertha comes to the authors because of a lingering “depression” which lasts even after she marries a professional husband and starts a family; however her “depression” ran deeper than sadness into neurosis.¹⁶⁸ She began to have sexual fantasies of becoming a prostitute, resulting from her self-conception as “a black, ugly, ignorant, dirty little girl who could not be loved by no one.”¹⁶⁹ As a black woman in a racist society, the authors argue:

Her white counterpart may have had identical fantasies, but the social order has been designed to protect her from her impulses... Bertha has no such protective barriers and had to struggle alone to avoid such a life. Her depression and its accompanying fantasies, then, had a much deeper quality. She could say: “I know I am a whore at heart --- society confirms it.”¹⁷⁰

Thematically, Bertha’s “degraded sexual appetites” come to represent the gendered complement to Roy’s impotence; however, they are not symmetrical. The authors’ standards of beauty as well as their insinuation that marrying below one’s station is a recipe for marital disaster, reveals how women serve the purposes of the authors in explicating not only gender roles, but also the power relationships involved. If read unquestioningly, these stories intrigue readers to ponder the connections between their sexuality and the consequences racial inequality. However, the consequences are more significant than an individual’s loss of pleasure, for they also disrupt the

¹⁶⁸ It is interesting to note that “depression” is only used in Bertha’s case and not the other case histories of the first chapter which are of men.

¹⁶⁹ Grier and Cobbs, *Black Rage*. pg. 10

¹⁷⁰ *Ibid.* pg. 11

“natural order of things” in regard to African Americans’ assimilation of the normative family structure.

“Rage” was rendered as a hydraulic force and natural force that threatened to destroy not only the cohesion of the black family but also the entire social landscape of the time, but “rage” was, in no way, the only way to view African American’s mental health crises, nor were Grier and Cobbs its only theorist. Other prominent health figures have written on the connections between African American’s social situation and their mental health (e.g., the psychiatrists Dr. Carl Bell and Dr. Alvin Poussaint and the psychologist Dr. Harold W. Neighbors, et al.) and have embraced a more community-based health perspective. In the time since the publication of *Black Rage*, the integrationist desires behind the book have come to some degree of fulfillment in the forms of access and de facto changes to the status quo; nevertheless, the use of hydraulic metaphors of emotion have remained. In the next section I would like to suggest that rather than “exploding,” African American are viewed as “imploding” from social stresses, as the definitions of crisis are formed around different understanding of blackness.

Black Pain

Text and Context

The kernel of *Black Pain* began as magazine article by Terrie M. Williams published in the June 2006 issue of *Essence Magazine*. Prior to writing the essay, Williams was a clinical social worker and later she began her own successful entertainment public relations firm. She was regarded by many to be a woman who

had achieved a lot in her life. She was a business woman, an accomplished writer, and a public speaker of high demand. She was profiled several times in *Essence Magazine* and contributed frequently to the magazine. In short, she was a shining example of the self-realized African American woman idealized in the pages of the magazine. However, around 2003, she began eating and sleeping more, but she regarded this to be a reasonable response to the stresses of her vocation. Later, over a nine month period, she developed a crippling and recurring anxiety that caused her work and career to suffer, leading her to barricade herself in her apartment without human contact for days on end. After a few close friends took her to a doctor, she was diagnosed as “clinically depressed.” It was a diagnosis that she dreaded and denied but eventually accepted. This is the story she told in that first essay in 2006, and as a result of the more than 10,000 letters *Essence Magazine* received in response to her essay, Williams was encouraged to write *Black Pain: It Just Looks Like We’re not Hurting* as a testimony of her experience and those of other African Americans, both men and women, suffering from depression.

At the center of *Black Pain* lies a message to all African Americans that their faith in the cultural myths of their resilience and strength in the face of stress and adversity have still left them ill-prepared them to face the challenges of clinical depression. It is a challenge of denial as much as it is a challenge of history. For Williams, African Americans’ inability to talk about depression, collectively, in a constructive manner is due the alluring John and Joan Henry tales have served African Americans so well in the past; however, as history and the circumstance have changed, our cherished beliefs have not kept pace. She uses Paul Lawrence Dunbar’s

poem “The Mask,” as the book’s opening epigraph, to set the tone for a self-help book which attempts to “break the silence” on clinical depression through the creation of a space for education, meditation, and healing. Her methods are personal, in ways that were perhaps impossible 40 years prior, when *Black Rage* was written. Citing the previous work as an inspiration and influence, she writes: “It is my greatest wish” that like *Black Rage*, “you will not be the same after reading *Black Pain*.”¹⁷¹ “The legacy of pain and depression left by slavery” bind the two in their concern to bring blackness into a cultural understanding of mental health.¹⁷²

It is difficult to classify the genre in which Williams writes *Black Pain*, because the book could be regarded as a self-help book or a memoir; it is the former rather than the latter that was, perhaps, used to “sell” the book. In the trade journal *Publishers Weekly*, Williams describes her work as a self-help book. Williams, herself, had searched for a book on depression from an African American perspective, and finding none “without jargon or difficult to understand psychoanalytic concepts,” she felt emboldened to write a book that addresses depression “in a social and cultural context” and in an “accessible way.”¹⁷³ Certain components of the book are stock-and-trade elements of the self-help genre, such as checklists, worksheets, personal contracts to self, and the providing of resources and contact information. In writing the essay “Another Self-help Book?: How I Found a Niche Within a Niche” Williams was, perhaps, speaking as a business woman and describing her works in terms of the

¹⁷¹ Terrie M. Williams, *Black Pain: It Just Looks Like We're Not Hurting : Real Talk for When There's Nowhere to Go but Up*, 1st Scribner hardcover ed. (New York: Scribner, 2008). Introduction.

¹⁷² Ibid.

¹⁷³ Terrie M. Williams, "Another Self-Help Book?: How I Found a Niche," *Publisher's Weekly*, January 14 2008.

categories such a readership was no doubt familiar with; however, the book also has the qualities of a survivor memoir, in that she tells of hers and others stories the journey *through* depression. In mixing “the personal” with “advice,” Williams produces a work with an appeal to both audiences, but it is the self-help genre that best describes the books ultimate utility and purpose.

Much like the authors of *Black Rage*, Williams delivers a useful and accessible book and a conversation starter; however, Williams’ work was written in a different era of black cultural politics and in a different period in the evolution of the American therapeutic ethos. While the idea of self improvement has been with us since the late 19th century, in one form or the other, the self-help genre has experienced explosive growth in the last twenty years. In the span of just five years, from 1991 to 1996 self-help book sales rose by 96 percent according to the trade publication *American Bookseller*, and one-third to half of all Americans have bought a self-help book at some time in their lives.¹⁷⁴ According to Micki McGee, author of *Self-Help, Inc.*, this increased interest in self improvement books, as well as seminars and other materials, is due to an “overall trend of stagnated wages and destabilized employment opportunities” and the loss of the safety nets of life-long marriages and social support programs.¹⁷⁵ McGee attributes the recent need for “help” to immense social changes in American life. These same factors affect African Americans, but in

¹⁷⁴ Tammy Tierney Allison, ""Self-Help" Satisfies Need for Quick Fix," *Business First of Buffalo*, September 11 1998, Leonard Wood, "The Gallup Survey: Self-Help Buying Trends," *Publishers Weekly* 1988.

¹⁷⁵ Micki McGee, *Self-Help, Inc.: Makeover Culture in American Life* (Oxford ; New York: Oxford University Press, 2005). pg. 12

Williams' rendition, she is concerned with the added dimensions of race, gender, and, to some degree, class.

Williams pulls upon numerous medical research efforts and social statistics to make her claim that African Americans are experiencing a "deep crisis" in regard to their mental health. She cites the increase in black suicides during the 1980s and early 1990s, she examines miscommunications that can occur between white primary care physicians and their black patients, and she discusses how African Americans maladaptive responses to stress (e.g., overeating, over-spending, gambling, substance abuse, sexual promiscuity, violence, et al.) often go unheeded, because they have, in varying ways, become acceptable or imbued with other cultural meanings (as in viewing food preparation and eating as acts of love). She uses medical and scientific knowledge concerning depression in a way that helps to ground the book in regard to health care awareness; however, it is the way in which she breaches this conversation through her use "solid information" and "personal testimony," that makes *Black Pain* a starkly different text than *Black Rage*. As a work written from a personal and intimate perspective, Williams constructs her authority on depression *through* her experience of depression. She hasn't the medical degrees and expert knowledge that bolstered Grier and Cobbs' report, nor does she have the ear of a congressional committee. Rather, as one of the affected, she uses the African American vernacular practice of testimony to describe an experience that has been regarded by many as indescribable.

Williams' use of "testimony" is important to her work in that it borrows from the practices of witnessing and testimony in African American religious practices,

practices which are not restricted to the boundaries of religious settings, but remain a part of African American communicative patterns.¹⁷⁶ In Williams' reemploying of the concepts, the practice of witnessing refers to an act of bearing witness to the manifestations of blacks' struggles with depression, while testimony describes the act of making sense of this struggle through sharing and open conversation. She makes use of the term's residual meaning and engenders her book as a space for coming together and as an act of truth telling which evokes the familiar over the foreignness that such a clinical matter would propose.

In regards to her own awakening, she tells her readers that she "began to discover that telling the truth is addictive – every time I did it, and survived, I wanted to do it again."^{177 178}

This book will speak openly about my own depression and share the experiences of other people, from celebrities to regular working folk, so that we can think in different ways about this condition – and about our options as Black people for dealing with it. More than anything, I want to give a voice to our pain and name it so that we can make a space for our healing.¹⁷⁹

In writing her work from the perspective of personal testimony, Williams evokes a spirit of courage and cultural humility. She argues that many African Americans' self concept of themselves as "black" has conditioned them to expect that sadness and emotional turmoil were part and parcel of being black; but in speaking

¹⁷⁶ Geneva Smitherman, *Talkin and Testifyin: The Language of Black America* (Detroit: Wayne State University Press, 1986).

¹⁷⁷ Williams, *Black Pain: It Just Looks Like We're Not Hurting : Real Talk for When There's Nowhere to Go but Up*. Introduction

¹⁷⁸ Here, Williams' mention of "survival" attest to something more than a fear of public speaking. It refers to her fear of contradicting the other's perception of her as a "Strong Black woman" as well as her fear of losing that standing.

¹⁷⁹ Williams, *Black Pain: It Just Looks Like We're Not Hurting : Real Talk for When There's Nowhere to Go but Up*. Introduction

from a perspective of testimony, she also brings in the added dimensions of gender when discussing the myth of the black “the superwoman” and the lure of belonging.

The emotional (and physical) labor of caring for children and family members, work and community, to the exclusion of self-care, can be detrimental to black women’s mental well-being; however, it is not only a matter of depleted resources. It is also a matter of stress involved in performing up to the culturally valued role of nurturer and caretaker that is mentally taxing for black women.¹⁸⁰ For Williams, she refers to this as the “Last on Your List” phenomenon, wherein black women place the well-being of others before their own. She discusses the pride and one-up-woman-ship that some black women express in holding on to the cherished myth of the black “superwoman” as a “badge of honor.”¹⁸¹ In her separate treatments of African American men and youth, she uses the act of speaking out against varied cultural beliefs through testimony, as her primary tactic for healing. As the subtitle for the work reveals (i.e., “It just looks like we’re not hurting”), she is driven by a practice of confession and community, even when those confessions seem to go against everything black people believe of themselves.

As a publicist, Williams used her contacts within the entertainment industry and other high-profile realms to tell their stories of depression, and her use of these “famous” figures is strategic, in that she makes the discussion of depression public by using public bodies to tell the story. On no less than every other page, she uses interspersed sidebar quotations and bulleted lists which relate to the chapter at hand.

¹⁸⁰ Diane Robinson-Brown and Verna Keith, *In and out of Our Right Minds : The Mental Health of African American Women* (New York: Columbia University Press, 2003).

¹⁸¹ Williams, *Black Pain: It Just Looks Like We're Not Hurting : Real Talk for When There's Nowhere to Go but Up*. pg 76

The quotations come from authors, community activists, therapists, and black celebrities as well as fictional characters and historical figures, with attribution and sometimes anonymously. The bulleted lists are generally textbook indicators or criteria provided for self evaluation; however, their source of citation is not always provided, but can generally be assumed through the context in which they are used. In this arrangement, she uses direct quotes, gathered from interviews and existing materials, and reference materials to present a work that, though in book form, resembles a book-length magazine article.

Written in such a fashion, the book can be easily read and easily digested by readers. Each approximately thirty page chapter is broken down into 4 to 5 page sections with cultural apt and intriguing headings such as: “The Double Whammy: Being A Woman and Being Black” or “I am a Man because I Handle my Business.” These formatting techniques and the phraseology of the headings serve focus the reader’s attention on the matters within each of the chapters and help to fill-out the authors own commentary in the flow of the text. However, beyond the guideposts they provide, they also lend the book a sense of user-friendliness and familiarity for readers familiar with the format of contemporary magazines, and particularly, *Essence Magazine*.

Black Pain is culturally popular in the sense of the appeal it makes to readers in trying to speak about depression on their terms, and as an essay that became a book through Williams’ association with *Essence Magazine*, the terms of her style of presentation are very much influenced by *Essence Magazine*. As the longest running magazine for adult, middle-class African American women, *Essence Magazine* was

first published in 1970; however, since then, the magazine has gone through several makeovers, but it has maintained a dedication to issues of health and wellness among African Americans: women, children and men. These attentions can best be described as holistic, in the way the magazine sees African American health as a matter of mind, body and spirit. The book's connection to *Essence Magazine*, its message and its audience, is made even more evident through Susan L. Taylor's foreword for *Black Pain*. Taylor had been the magazine's editor and chief from 1981-2000, and had written the "In the Spirit" column which has an evident influence on Williams' writing, as she uses the same rhetoric of healing and spirituality to unravel her own experience and those of others. It is through Williams' connection to *Essence Magazine* and the cultural space created by the magazine which enabled her to write her work from within an established audience concerned with African American health and cognizant of the affects of racism and sexism on the sanity of black folks.

Criticism of Black Pain

Critical responses to *Black Pain* are hard to come by as self-help books are seldom held to a standard of critique. Perhaps the closest we can come to a "critique" or whether they are any good are book-sales or later references or allusions to the work by other authors; however, only a year after its initial publication the jury is still out on how *Black Pain* will fare in this account. Therefore, any criticisms of *Black Pain* will have to be borne out of a general discussion of the particularities of the self-help genres and from this writer's own viewpoint.

It has been argued that the self-help genre has not invited more nuanced examinations, because of the ways in which its authors establish their authority is largely antithetical to the way in which academic or specialist writers establish narrative authority.¹⁸² In other genres of non-fiction, distance from the reader is established in terms of professional knowledge, as indicated by degrees or titles, and these signs of professionalism often work to void any sense of personal or intimate connection with the author; however, in the field of self-help literature, the evocative power of the genre comes from the cultivated belief that the author is “just like me,” even if they use a professional titles (e.g., “Dr. Phil”). In such a set-up, the truth or verity of the self-help book and contingently the authority of the author is determined by our willingness to accept their lay knowledge and successful self-development as the template for our own growth. Self-help books are successful because of the stories they use help us to understand ourselves and change. These stories are not private, but rather they are social and arrive out of our participation in culture. And those stories that are regarded as new are often hybrids of older stories recast to fit the situation.

With that said, what are the stories that Williams uses to construct her successful journey through depression and how does this storied-journey inspire us to do the same? Considering that Williams is cognizant of the sustaining myths that lead many African Americans to forgo any extended consideration of their own mental health status, it would appear on first glance, that she is dismantling African Americans’ cultural hang-ups. By leading the reader to admit that they are “hurting,”

¹⁸² Louise Woodstock, "All About Me, I Mean, You: The Trouble with Narrative Authority in Self-Help Literature," *The Communication Review* 9 (2006).

and that adequate space to discuss this “hurt” is not present within African American culture (but *must* be created), she offers her work as an opportunity to break from the thinking that blackness equals suffering. This move is indeed revolutionary to some degree, in that, she invites the reader to express their own racialized experience of their pain; however, the way in which she offers the discourse on depression as an alternative explanation for their pain is largely unquestioned and, to some degree, swallowed whole.

The ascendancy of the medicalized model of depression, has led to the melding of ‘cause’ and the ‘cure’ in common perceptions. Or rather the statements: “What caused it?” “What is wrong with me?” and “What do I do about it?” are generally linked in a linear understanding of cause, naming, and cure.¹⁸³ Williams does not support the medicalized model blindly, rather she articulates an alternative view in her support of “psychosocial factors” such as stress, racism, and sexism to answer the question of “what caused it?” And furthermore she advocates the cures of talk and therapy on par with faith and medications. In arguing that blackness does bear its burdens and that these burdens must be confronted through social and interpersonal means, she develops and extends the core premise of *Black Rage* of mental illness as circumstantial; however, her cultivation of the “just like me” ethos of self-help is as subject to criticisms of essentializing black experience as *Black Rage*.

The problem with *Black Pain* is that it may reduce all its participants’ stories to clinical depression in a way that capitalizes on weight of depression in common

¹⁸³ Goldstein and Rosselli, "Etiological Paradigms of Depression: The Relationship between Perceived Causes, Empowerment, Treatment Preferences, and Stigma."

discourse and African Americans cultural capacity for sadness. As a disease of admission discussed within a self-help framework, Williams' own story 'names' her readers' pain as depression and disinvites other interpretations as denial. In many of the testimonies that Williams uses, her participants generally experience some life event that triggers or pushes them into depression (i.e., the end of a relationship, the loss of a job, or the death of a loved one) or some other developmental issue (i.e., abandonment, the absence of loving parents, or a childhood trauma). However, the connection between these life events and depression is often assumed because of the way self-help lends itself to therapeutic culture. There is the possibility that Williams may be reading her informants struggle with reasonably disheartening circumstances as a clinical and medicalized depression when the sadness she seeks to describe can go by another name.

While Williams does not doubt that her participants are clinically depressed, other African American writers have been a bit more ambivalent toward recent mental health discourses. In Bebe Moore Campbell's novel, *72 Hour Hold*, she tells the story of a divorced and single black woman and her battles to care for her daughter at the onset of bipolar disorder.¹⁸⁴ After becoming frustrated with the bureaucracy of the mental health care system and unable to help her daughter who "hit a wall of craziness that may never end," she enlists the services of a group of radical underground mental health workers enlists "who believe that the mental health

¹⁸⁴ I offer this example in awareness that clinical depression and bipolar disorder are not the same. Rather, I mention this book as an example of African American's ambivalence toward medical discourses of mental health, an ambivalence which Williams, in some degree, disallows.

system in this country is sad joke.”¹⁸⁵ In the course of the novel, Campbell parallels the work of these renegade health providers and the legacy of the Underground Railroad, bringing the un-freedom of mental illnesses in line with African American’s history with slavery. At the novel’s conclusion, the protagonist is unable to free her daughter from the clutches of her “craziness,” but she finds a balance between medical knowledge and cultural wisdom.

One reviewer in *The Scientific American* who panned *72 Hour Hold* wrote that Campbell’s use of the allegory of slavery “though poignant...seems forced, relying on overwrought passages about whipping posts and slave auctions.”¹⁸⁶ In disregarding alternative and cultural ways of viewing the experience of mental disorders, ways which draw connections to shared trauma narratives, the reviewer, in part, represented the biological reductionalism that marks extremely scientific views of depression. Williams does not support such a viewpoint in her work, rather she wants African Americans who suffer a deadening and empty existence to believe that their stories matter and in telling them will lead to their healing. However, in order to do this, she must also consider that even in the face of the “slave auctions” of our day not all roads lead to clinical depression.

Gendering Crisis

When a woman gets the blues, she hangs her head and cries;
When a man gets the blues, he catches a train and rides.

¹⁸⁵ Bebe Moore Campbell, *72 Hour Hold: A Novel*, 1st ed. (New York: Knopf: Distributed by Random House, 2005). pgs. 22 & 166

¹⁸⁶ Jeanne Hamming, "Brain Disease as Mental Slavery," *Scientific American Mind* 16, no. 4 (2005).

Times of crisis generally shrug our critical gaze, because we are moved to action more so than we are moved to think critically. In a space of crisis, how we construct agency becomes clouded by our need to act, and this need to *do something* reduces the nuance of understanding the parts we play. Agency, or the actions that individuals take as creators and manipulators of meaning within larger structures of signs and values, is an important concept in understanding discourses of crisis. For it is by the virtue of our ability to choose that crises even matter at all; as crises would mean nothing if we did not have the choice of turning left or right. However, when presented with these choices, seldom do we think of other choices, other possibilities. This is because discourses of crisis, despite the thoughts of panic they inspire, are structured events. When the stories of crises are told, memory and history become selective, indicators of loss and scenarios of rupturous change are pruned, and the call to action is issued. We are asked to look forward, to conversion and adaptation, but the path through discourse, our footsteps to ‘now,’ vanish like tracks in the sand.

Such is the case with *Black Rage* and *Black Pain*, for even though they point toward action and healing for African Americans, their divergent foci on “rage” versus “pain” indicates something more than a matter of semantics or terminology; they indicate a shift in emotional politics, which in turn conditions agency. Despite their shortcomings, the explosive rage of *Black Rage* and the implosive pain of *Black Pain* provide a means for looking at how our language often compels our response to crisis. In mentioning language, I am not only referring to the metaphoric power of the words, but I am also referring to the journey such words require the reader to take in coming to an understanding and, ultimately, action. *Black Rage* made a national

audience aware of the psychic cost of racism for not only African Americans but also for the future of race relations by contextualizing black anger as political. While *Black Pain* pressed African American to reflect upon how the beliefs they held of themselves could often stand in the way of their own well-being. Outside and Inside. Reactionary and Introspective. These perspectives are not mutually exclusive.

The heavy lifting of both works was their ability to create a space and a means for articulating hurt. The hurt of mental illness, for African Americans, is doubly isolating because often the language used to articulate it is often foreign. It is foreign not because of African American inability to understand medical concepts, but rather it is foreign in the sense that it does not speak in the emotional texture of the experience. African Americans, in their love and respect of language, work hard to name those things that they care to name, and leave nameless those things that do gel with their views of the world and themselves. I can only speculate on the thoughts of African Americans may have had when consulting these books in order to understand themselves, their mental health as a people as well as their times, but the textures and emotional force of “rage” and “pain,” explosion and constriction, signal how social crises can help us to articulate our personal crises and how these events are always historical.

Summary

In this chapter I have reviewed two works (i.e. *Black Rage* (Grier and Cobb, 1968) and *Black Pain* (Terrie Williams, 2008) which stand as historical bookends to popular discussion of African American mental health. By exploring the contexts of

their publication, the authorities and means by which they spoke to the readers, and their contributions as well as their shortcomings, I have attempted to show how the mental health crises that face African Americans are inherently political experiences. Issues related to the genres in which the authors wrote (Protest Literature vs Self-help) as well as issues related to the gender of the authors and the gendering of “blackness” in their respective eras are examined as influences upon how mental health is constructed as a crisis as well as how they inform the actions that should be taken by the reader.

My general findings in performing this review is that in the scope of time proposed by these two books the discourses used to discuss clinical depression and mental health among African Americans have become more influenced by medical opinion and narrative, but they have also become more personal. While this change may be considered a matter of the difference between the genres in which the authors wrote, I feel the therapeutic ethos (which I discuss in “A Normal Paranoia”) has influenced all Americans’ thinking about depression and the role that the individual’s biography plays in making sense of the experience. This change has, in some ways, diminished the ability to discuss emotional experiences as common and shared across a culture, but it has also enabled individuals to author their own narratives and speak from the cultural perspectives of their personal experience. What is needed is a further examination of how concepts such as “blackness” and “depression,” evoke notions of both shared and individual emotional experience, and how those divergent frameworks should be reconciled in understanding perceptions of mental illness and its causes among African Americans.

Grown Man Business: Civic Expression and the Rhetoric of Black Manhood

A Man of the Times

One day, when Martin was a child, a policeman stopped the car driven by his father, “Daddy” King. “Boy, show me your license,” the officer ordered brusquely. “Do you see this child here?” asked King, pointing to Martin Luther. “That’s a boy there. I am a man. I’m Reverend King.” “When I stand up,” Daddy King told his son, “I want everybody to know that a man is standing up.”¹⁸⁷

Stephen B. Oates, *Let the Trumpet Sound: A Life of Martin Luther King, Jr.*

Being broke is childish and I am quite grown.¹⁸⁸

Jay-Z, *I Love the Dough*

What it means to be a man, from one generation to the next, changes as much as it stays the same, and this is no less the case in understanding notions of black manhood over time. Representations and expressions of black masculinity are social constructions wedded to their historical moments, and they serve the purpose of defining the men considered necessary in those moments. For African American men, these pronouncements have often been done through an act of refuting what they are not. Much like the nameless protagonist of Ralph Ellison’s *Invisible Man*, who began by informing us he was neither “spook” nor “Hollywood-movie ectoplasm,” telling one’s story must often begin with setting the record straight. These corrective rhetorical acts – of contrasting the invisibility of black male personhood against the apparitions of science fiction, of comparing the dignity of a

¹⁸⁷ Stephen B. Oates, *Let the Trumpet Sound: A Life of Martin Luther King, Jr.* (New York: Harper Perennial, 1994). pg. 12

¹⁸⁸ Shawn Carter (Jay-Z), *I Love the Dough* (Bad Boy Records, 1997).

man to the innocence of a child, and of qualifying the rights to maturity through individual economic success – embody, in their own ways, how black men have confronted assumed deficits of their character and identity.

These rhetorical acts represent efforts by African American men to reframe their masculinity in more localized terms, terms that emanate from black cultural experience, and these acts point out how black men have continually had to confront the image of themselves as less than men. For African American men, the attainment of manhood has not only been a personal challenge, but it has also been a social one in which black men have had to confront a hostile representational field in which their manhood and maturity must be affirmed against supposed deficiencies in their character and abilities. Black men’s identities, in terms of culture, gender, and personality, are essential to maintaining a sense of emotional well-being, but the act of maintaining them requires some effort. Viewing such rhetorically resistive acts as a form of labor in themselves, I want to explore how black men counter views of themselves as less than adult in social discussions of manhood, responsibility, and worth.

Through an examination of the rhetoric of manhood in selected African American cultural moments, I want to address how notions of work and labor, widely defined, validate black men’s claims to manhood. Or more exactly, I want to address how the rhetoric of “handling business” helps black men to affirm their adult masculine identities. In using the term *business* instead of “labor” or “work” in describing the lives of African American men, I am attempting to articulate how men’s work involves more than the raw economic matter of “putting food on the

table” and “bringing home the bacon.” Albeit economic provision is a necessity in a capitalistic society and an important element in understanding manhood, there is more to the act of “bringing home the bacon” than the provision of financial resources, because the more important piece in this statement is the act of “bringing” something to the space of family and community. The act of contribution, of bringing something to the table, has an enormous power to create worth and value for men in ways that cannot be quantified. These non-material contributions – of protection, of guidance, of moral support, of even love – are often not considered when thinking of the work that black men do because our definitions of manhood in American society often have more to do with economic independence than they do with the communication of meanings. Thus, in using the term *business*, over “work” or “labor,” I am attempting to reveal the existence of an alternative means of validation by which African American men handle the *business* of manhood, rhetorically, amid changing circumstances.

Manhood, or the state and responsibilities of adult masculine experience, is often associated with abstract character traits such as strength, determination, and heroism; however, these traits are referential and vary according to the contexts in which they operate and give them meaning. Therefore, for the purposes of specificity in this chapter I will be exploring how black men, in particular, navigate manhood within the context of family. Family, as a concept, is an ideal framework to understand how the rhetoric of manhood operates for African American men, because the family is generally regarded as the primary institution of civil society. Men learn to be men in the context of their relationships with others within families and

communities; however, the family is the chief site for the development of personality, gender roles, and status, and it is also a site of emotional experience for its members. Predominantly, the family has been assumed as a site of emotionality for children and women more so than for men, but family can also offer us a window into manhood as a site of emotional experience. This is because the dominant cultural beliefs that men should accept various responsibilities and perform in certain ways in accord with notions of family can impact how men perceive their roles as husbands, fathers, and providers and these perceptions have consequences that are both emotional and social. Perhaps, the most salient of these roles is the role of provider; however, due to differences of race and class, the performance of this role in the strict economic or material sense has been different for African American men due to social constraints such as racism, poverty, and classism. Thus, my interests with the *business* of black manhood will be concerned with how the process of attesting manhood for black men is a matter of navigating the tensions between dominant social narratives of manhood and the historical and cultural realities of African American life.

I am interested in the idea of the *business* of manhood and meaning making for African American men, because the prospect of validating one's manhood vis-à-vis economic provision in the past 40 years has changed dramatically for black men. In the disappearance of low-skilled manufacturing jobs and the rise of service-sector employment since the 1960s, African American men have become increasingly out of step with the needs and preferences of the American work force. While the industrial boom following the Second World War provided low-skilled manufacturing jobs to African American men with little education, the dismantling of the American

industrial base in the 1970s and 1980s left African American men without the pathways of previous generations in achieving a living wage. In the period between 1968 and 1970, “more than 70 percent of all blacks working in metropolitan areas held blue-collar jobs,” and in the period between 1973 and 1987 black males’ employment in that sector had fallen from 37.5% to 20%, and since then it has fallen even more.¹⁸⁹ In the declining availability of blue-collar work for all Americans, service sector employment has taken the place of low-skilled factory work; however, in the service-sector environment, African American men have been met by new challenges due to the service industry’s preference for hiring relatively more women and the decreased earning potential of service sector work as well as the increased technological knowledge required for work in the semi-professional sector.¹⁹⁰ Albeit, black men’s relationship to labor in the past 40 years is more complex than this, I describe these factors to highlight how black men’s validation vis-à-vis a strict economic framework is a tenuous prospect and how waged labor cannot be the only means by which black men have validated their manhood. In the absence of work, the process of men attesting and affirming their manhood through *the things they do* continues. These changes in the labor market have affected all American men to some degree as revealed in the general arguments of the “crisis of masculinity,”¹⁹¹ and I

¹⁸⁹ William J. Wilson, *When Work Disappears : The World of the New Urban Poor*, 1st ed. (New York: Knopf : Distributed by Random House, Inc., 1996). pg. 31

¹⁹⁰ Ibid.

¹⁹¹ Within the general logic of the “crisis of masculinity,” working-class men’s declining ability to achieve the provider role, due to the down turn of wages in the 1980s and 1990s, created the widely accepted belief that the increasing level of women entering the work force were taking jobs and ultimately authority from men; however, those women who entered the work force still made less than men, making claims men’s of usurped authority in the family dubious. Critics of this standpoint have argued that what is often constructed as assault upon men is really an assault upon the working class, including both men and women, and that claims of women’s increasing power and men’s anxieties are

believe that the space of the family and the roles of fatherhood and leadership in that space have increasingly become the primary means by which men have validated their manhood; however, fulfilling these social roles still presents unique obstacles for black men.

While African American men are a more diverse group than what most sociological investigations and journalistic representations allow, black men have had to contend the limited portrayal of their abilities and character in mainstream discussions. In large part these stereotypes have been used to signify a crisis of values within African American culture. Examples of such representations are the absent black father, the unemployed and social dependant black man, and the perennial black inmate; these representations signify men who are purported as social failures and, in part, are scapegoated as agents of social decay in African American families and communities. Much like the stereotype of the black welfare mother, these representations are given the semblance of truth through a logic of personal responsibility and choice that ultimately denies the systematic and structural factors which underlie them. As the process of proving one's masculinity has become difficult for all men, black men have had to compete with the added burden that their race signifies.

As a social narrative, the concept of the nuclear family has been a primary site of contention for African American's claims to well-being, in general, and black men's claims to manhood, in specific. In comparison to white middle-class Americans, black's lower rates of marriage and tendency to engage in non-nuclear

often used by conservative sentiments to deflect attention away from economic and social policies. See James Heartfield, "There Is No Masculinity Crisis," *Genders* 35 (2002).

family structures (i.e., single-parent households and extended family networks) have led to the belief that the black family is dysfunctional. Perhaps the primary argument for the dysfunction of African American families and the crises of African American manhood was the Moynihan report of 1965. In that report, it was argued that low-income black families would continue to be a burden upon the rest of society until the matriarchal construction of the black family was reversed. At the root of this “tangle of pathology,” black women were portrayed as emasculating and domineering to the extent that black men could not assume authority within the home. Citing black women’s higher level of education and levels of employment, the former Senator Daniel Patrick Moynihan suggested that black women only taught the value of work to their daughters while neglecting their sons, ultimately creating a self-sustaining cycle of poverty and social disadvantage within black communities. For Moynihan, it was a crisis of values, which hinged upon the belief that black women were subverting the “natural” gendered order of a functional society and that black men needed to take control of their families and assume their place as leaders within the black family. Despite criticisms of sexism and cultural ignorance leveled at the Moynihan report and its adherents, the belief that black men need to take control of their families vis-à-vis marriage continues to dominate discussions of the black family as exemplified in the recent push for healthy marriages under the Administration for Children and Families and its coupling with initiatives of “Responsible Fatherhood.” While these initiatives do not address African Americans as explicitly as did the Moynihan report (also known as *The Negro Family: The Case For National Action*) they still contain a focus on lower-classed families and offer the ideal of the

nuclear family and the restoration of patriarchal authority as the key to the familial success for all Americans, despite individuals differing cultural and political histories.

Since the Post War era, such beliefs have permeated mainstream discussions of lower income black families and the fate of such families has been taken as “the norm” for all African Americans despite class-differences; however, such criticisms of the African American family seldom consider the historical legacies of racism and capitalism and their impact on the shape of the African American family and their influence on indicators of well-being such as marriage rates. Furthermore, these discussions also do not consider the ways in which measures of statistical parity with the white middle-class, its normative influence and its definitions of family, hides a peculiar racial chauvinism and the inconsistency of conclusions of “dysfunction” across lines of race and class.¹⁹² Within such an arrangement, black men are ultimately held to a white standard of masculinity in ways that impact how their performances of manhood are interpreted by themselves and others, and in being asked to “step up” to a generalized and decontextualized standard of manhood, they must often contest with a rhetoric of responsibility that does not account for divergent formations of family or culturally-born measures of manhood.

While such conservative viewpoints have been quick to address how roles of authority and influence among black women and men operate differently in black families, they have seldom addressed the ways in which such relationships are indeed

¹⁹² According to Barbara Ehrenreich, the exceeding focus on the problems of the black family often eclipses the greater challenges facing white American families. She writes that from 1960 to 2004 the number of single-parent black households increased 155 percent, while the number of single-parent household increased 229 percent. Although these numbers do not account for population differences, they point to how narratives of dysfunction and “moral poverty” are often racially and class-coded terms. See: Barbara Ehrenreich, *Bait and Switch : The (Futile) Pursuit of the American Dream*, 1st ed. (New York: Metropolitan Books, 2005).

functional. Recent work in African American family studies has argued that married and cohabitating families are more equalitarian than they are matriarchal, in that black men and women take up leadership in different areas, with different issues, at different times.¹⁹³ Furthermore, it is African Americans' exceeding engagement in extended families (i.e., close kin or non-kin relations across generations whose members are involved in the reciprocal exchange of material goods, services and continuing emotional support) over European Americans that makes the roles and duties of African American men suspect. Such familial networks in African American communities are functional because the extended family operates as a problem-solving and stress-coping mechanism resulting in reduced psychological and economic burdens on its members. However, in the instance of African American men, this diffused network of responsibility is often regarded as a lack of accountability and patriarchal authority on the part of black men. Nevertheless, while evidence of the efficacy of such non-nuclear family structures and the ability of single parent households (i.e., those headed by black women) to produce functional families and communities does exist, the onus of "righting the course" of the black family still presents a peculiar tension for black men as husbands, fathers, and leaders within conservative interpretations of the family because of the way in which the nuclear family is valued in larger society as normal and ideal.

Despite the ways in which cultural definitions of the nuclear family can erase the contributions of black men, the masculine archetypes of "the provider" and "the breadwinner" still matter in African American men's constructions of manhood. And

¹⁹³ Charles Vert Willie, *A New Look at Black Families*, 2nd ed. (Bayside, N.Y.: General Hall, 1981).

regardless of the culture war debates on “family values,” normative definitions of manhood still imply that men should be providers or supportive members within their present or future families.¹⁹⁴ Such a belief is cross-cultural, influencing definitions of manhood across ethnic categories, but the ways in which black men interpret the provider role “looks different” than it does in white middle-class culture.¹⁹⁵

According to Matthew A. Diemer, African American men have a wider definition of “providing” beyond the economic and material provision which seldom appears in the literature on African Americans.¹⁹⁶ Diemer argues that the bulk of the literature that examines black men and the connections of labor and masculinity generally looks at those men outside of the opportunity structure, resulting in analysis of manhood that privilege hypermasculine performances of style, sexual promiscuity, violence instead of more adaptive and complex performances of black men willfully engaged in the provider role. For example, the black men in Diemer’s study believed that the act of provision included the instilment of the values of education (particularly for younger black men) and the awareness that education could combat of racial and class-based barriers to employment and the achievement of worth for African American men.¹⁹⁷ In Diemer’s study, black men viewed themselves as the

¹⁹⁴ “Family Values” is a particularly loaded term, often used in religious and/or conservative viewpoints to signify the superiority of the nuclear model of family as the primary arbiter of moral and ethical values in American society. Although the use of term can be vague, its primary message is for the cultivation and advocacy of men as leaders within the nuclear family structure, through fostering the practices of marriage, independent families, and men’s authority within the family unit.

¹⁹⁵ Matthew Diemer, “Constructions of Provider Role Identity among African American Men: An Exploratory Study,” *Cultural Diversity and Ethnic Minority Psychology* 8, no. 1 (2002).

¹⁹⁶ Ibid. pg. 37

¹⁹⁷ Diemer performed a qualitative study of seven black men and most of them were either employed or engaged in higher education. The saliency of this response is perhaps likely considering where Diemer gathered his respondents; however, their valuing of education as an act of providing brings complexity to how the role of provider can be interpreted differently along lines of race, class, and privilege. See Ibid.

providers of morals and values that sustain the family's existence, psychosocially, rather than as simple economic agents. With the morality and values of black men so sorely misaligned, such adaptive attitudes toward manhood and providing are more prevalent than is likely revealed.

Expanding upon the idea that manhood may “look different” for African American men, different articulations and sites of “work” must be examined to understand what the sociologist Everett C. Hughes calls the shifting “social and socio-psychological arrangements by which men make their work tolerable, or even glorious.”¹⁹⁸ While Hughes was primarily interested in how working class men have dealt with disappearance of blue collar opportunities, I am interested in how other forms of “work,” the *business* of articulating one's self as a contributing member of a family and community, has become less a matter of economic provision and more a matter of moral and value-based leadership within the black family and community. I believe black men have a unique “socio-psychological arrangement” wherein individuals not advantaged by privilege or social status, can construct themselves as needed and contributing members of the African American community, both real and imagined.

In the following pages, I want to examine how the *business* of manhood has operated in civil expressions and assertions of black manhood in two periods of African American history. Surveying constructions of black manhood in the Sanitation Workers Strike of 1968 and the Million Man March of 1995, I want to examine how the events' investments in African American males as “men” take shape

¹⁹⁸ Everett C. Hughes and Lewis A. Coser, *On Work, Race, and the Sociological Imagination* (Chicago: University of Chicago Press, 1994). pg. 61

around very different notions of work and labor as well as family and community. It is my belief that the ideas of labor and masculinity that formed the center of the Sanitation Worker Strike were replaced by a more nebulous idea of labor in the post-Civil Rights era, a change that dealt less with work and worker's rights and more with *business* of articulating worth in the context of family and community. As I will address more fully below, the diminishing availability of traditionally validating blue collar labor, a change which affected all men, ultimately created new spaces and narratives of control and contribution which have in many ways have attempted to stabilize ideas of manhood amidst changing circumstances. Albeit, the performance of manhood through domestic authority within the family was present in both eras, in the later decades the performance of the role became less tied to a desire to change public policy and more tied to the rhetoric of reclaiming masculine worth in social space.

"I AM A MAN!"

A case-in-point for the *business* of manhood exists in Ernest Withers' photographs of the 1968 sanitation workers strike in Memphis, Tennessee, which stand, perhaps, as the most powerful images addressing the demands for dignity by African American men in the Civil Rights era (see Appendix A).¹⁹⁹ Wearing and brandishing signs printed with words "I AM A MAN" in bold letters, over 1,300 African American men staged a demonstration demanding that they be recognized as

¹⁹⁹ I provide this photograph as a courtesy to the reader; however, my deeper interest lie in the poem of Robert Worsham from which the slogan of "I AM A MAN" was taken and which I will address later.

a union, receive a living wage, and be given the respect due to men engaged in intense physical labor.

The strike, itself, arose out of eight years of organizing in response to the unequal treatment of black sanitation workers compared to their white counterparts. White men drove the trucks and supervised, while blacks hauled and lifted. Black men were often regarded as “non-essential” labor and “let go,” while white men were paid “shine, rain, sleet, or snow.”²⁰⁰ When two black men sought refuge from a sudden storm in a trash compactor, the compactor malfunctioned and crushed the two workers. While it was accepted that men’s work carried with it inherent dangers, the deaths of the sanitation workers resounded with African Americans more as sign of disrespect and racism than safety matter.²⁰¹ As the straw that broke the camel’s back, these deaths brought attention to the politics of labor, race, and manhood in vivid color. However, the events surrounding the protests, which were to end in Dr. Martin Luther King’s assassination, are often misconstrued as an effort completely focused upon the trampled rights of black men.

As the power of these images and the selectivity of memory provides, our current interpretations of these photographs often do not regard the complex relationship between issues of gender, labor, and black leadership which framed them. The active roles of black women in these struggles are seldom mentioned but when they do make an appearance black women and family are often used as tropes

²⁰⁰ Steve Estes, “I Am a Man!”: Race, Masculinity, and the 1968 Memphis Sanitation Strike,” *Labor History* 41, no. 2 (2000).

²⁰¹ According to Steve Estes, the deaths were taken a sign of disrespect because, although the families of the workers received some compensation, no representatives from the Public Works Department or the city government attended the funeral or had any contact with the families thereafter. In comparison to the brotherhood and continuing support received by white union members and their families, the wives and the children of the black men were not given the same respects.

to bolster the notions of denied black manhood. Although the labor-based efforts which fueled the strike involved both black men and black women, black men became the more visible protagonists and, as a result, their greater social visibility provided them a platform for the grievances of a denied manhood.

The role of Dr. Martin Luther King, Jr. in the context of the overall Civil Right movement is pivotal to understanding how performances of masculinity hinged on emotional appeals. According to Steve Estes, author of *I am a Man!: Race, Manhood, and the Civil Rights Movement*, the eventual en-gendering of “MAN” arose out of “the patriarchal order of American Society in the 1960s and the male domination of King’s own SCLC.”²⁰² King himself responded to the white, paternalistic power structure’s treatment of the black sanitation workers in Memphis in a speech before a crowd of 10,000 people, and he offered his own assessment of the strike: “We are tired of our men being emasculated so that our wives and daughters have to go out and work in the white lady’s kitchen, leaving us unable to be with our children and give them the time and attention they need.” Through evoking the black family and the threat of “emasculatation” in being regarded as a “boy or a child” Estes writes that “this verbal emasculation paralleled the physical emasculation of black men in slave beatings.”²⁰³

Essentially, King’s speech seized upon a discourse of frustration and impotence that used the normative ideal of the nuclear family as a seemingly unquestionable premise. The logic behind such statements was that if black men were paid more and received the accoutrements of manhood enjoyed by white men

²⁰² Estes, “I Am a Man!": Race, Masculinity, and the 1968 Memphis Sanitation Strike.”

²⁰³ Ibid.

vis-à-vis labor, they could provide to their wives and children a better quality of life. Evoking the fortunes of women and children as ultimate motivation for the strike helped to allay criticisms of the African American family's deficiencies and place the blame firmly upon the racist attitudes and policies which denied black men's power and authority in their homes. King's contributions helped to cast the efforts of the strike on the moral high ground, but in doing so, they also erased differences of class and class-based gender enactments in favor of bolstering the campaign against racism. This logic placed the gender politics of the sanitation workers' working-class homes on par with King's own middle-class home, neglecting the question of women's desire and/or necessity to find work outside of the home. In this way, ridding black men of the label of "boy or child," in some ways, meant using women and children as props in a parallel narrative of black masculine anxiety, wherein black men were assumed to be the subjective "crux of the 'I Am a Man' slogan"²⁰⁴ and the saving grace of the black family and community.

Nevertheless, gender-based differences did exist in regards to how black men and women valued manhood and womanhood and viewed the dignity and respect denied to them. Laurie B. Green's essay, "Race, Gender, and Labor in 1960s Memphis" points out that the black men involved in the strike "staked claims to independent manhood – historically associated in American culture with skilled work" and the ideal of "consumer choice" which accompanied a "fair wage."²⁰⁵ For Green, the dignity that the black men participating in the strike sought was part and

²⁰⁴ Ibid.

²⁰⁵ Laurie B. Green, "Race, Gender, and Labor in 1960s Memphis: 'I Am a Man' And the Meaning of Freedom," *Journal of Urban History* 30, no. 3 (2004). pg. 476

parcel a struggle for a means to assume the patriarchal role through economic provision. She argues that black women, on the other hand, were not as concerned with differences in pay, but instead they “denounced practices that sorted out females by race, reserving feminine jobs such a clerical work and nursing for white women alone.”²⁰⁶ Such complex and divergent gendered investments in laboring as the proof black adulthood and civic rights formed the core of the Sanitation Workers Strike; however, the ultimate meaning of “I Am a Man” was usurped by the media’s attention to the rise of Black Nationalism following the assassination of Dr. Martin Luther King, Jr. and the slogan became an idiom for the struggles of black manhood.²⁰⁷

Robert Worsham, the man responsible for producing the four words which gave the movement its slogan, is seldom mentioned in historical treatments of the Civil Rights Era for his contribution. “I Am a Man” was a 14 line poem Worsham penned in 1962, after being ridiculed as an “Uncle Tom” by a group of black teenagers when he decided to take a seat at the back of a Memphis bus. A veteran of non-violent protest himself, Worsham’s intention was to “stretch out and be more comfortable” in the less crowded rear, but his choice of seating was viewed by the teenagers as following the old custom of deference to the practice of segregation.²⁰⁸ His poem and its eventual use as a slogan for the Sanitations Workers Strike, if viewed in the light of this almost forgotten story, provides an interesting dimension to how statements of black men’s maturity must contend both with misrepresentations

²⁰⁶ Ibid. pg. 477

²⁰⁷ Steve Estes, *I Am a Man!: Race, Manhood, and the Civil Rights Movement* (Chapel Hill: University of North Carolina Press, 2005).

²⁰⁸ Tony Jones, "Silent Giant," *The Memphis Flyer*, February 21 2002.

black men in the public sphere as well as generational tensions between African American men themselves. Although its lines do not directly mention race, it fights erasure through its commitment to a ‘stand-alone’ personal integrity.

Don't look at me with disdain.
For I am not a weakling, I am a man.
I stood when to stand
Brought severe reprimand,
I spoke, when to speak
Brought denunciations from the weak
And brutal attacks from those in power
But to me this was my greatest hour,
With chin thrust out and head up proud
I stood up straight and I said out loud,
I am a Man!
And I shall always defy
The oppression of mankind
Until the day I die.²⁰⁹

Aligned with a social justice rhetoric that brings to mind King's influences on the Civil Rights Movement, Worsham's poem creates an image of manhood based on particular principles. His use of “not a weakling,” “to stand,” “chin thrust out and head up proud,” and “defy,” speaks through a terminology of resistance. It is a poem of unwavering commitment and resolve to survival. In many ways, the poem could be addressing any statement against oppression, either civil or personal. Its power lied in its general appeal. It was perhaps the tone of the poem, and the way it spoke to a sense of denied integrity that motivated the local activist and friend Cornelia Crenshaw to push for Worsham's poem as a rallying cry for the Sanitation Workers' Strike.²¹⁰

²⁰⁹ Ibid.

²¹⁰ Much like Worsham, Crenshaw is a forgotten player in the strike. She is mostly remembered for loaning her Lincoln Continental to Dr. Martin Luther King, Jr. and his wife Coretta on the fateful day

Albeit the poem's trajectory from personal edict to public slogan is lost to the larger voices and moments of the strike, the impetus of Worsham's writing shows how different ideologies of political authority generated different versions of manhood. For Worsham as well as King, acts of civil disobedience were moored to a sense of moral integrity that spoke mainstreams beliefs concerning the traditional characteristics of manhood: to provide and to protect. But the young men on that bus were, perhaps, motivated by a different logic which believed that acts of civil disobedience and appeals of moral integrity would never prove to the white power structure their rights to manhood. It would be incorrect to assume that in 1962, that those youth were identified with the then still nascent Black Power movement; however, it would not be too farfetched to imagine that the desire for a more confrontational and potent performance of black masculinity were the youths' primary point of contentions with the older Worsham. Considering this, the original sentiment that inspired the poem was not a demand for civil rights, fair wages, or even the privileges of labor, but instead it was a proclamation of masculine integrity in the face of changing values of manhood and intergenerational differences between black men.

Despite the ways in which the slogan was used to articulate a particular unity among African Americans in their struggle for equality, the impetus of the poem ultimately underscores how manhood is often attested and maintained through

of April 4th, rather than her organizing efforts and commitment in the early days of the strike. Extended discussions of Crenshaw and Worsham's relationship and the fuller story of Crenshaw's push to use of the poem as the strike's slogan are difficult to find; however, the fact that a black woman was responsible for the poem's adoption leads one to ponder the how Crenshaw's visions of gender and labor may have differed from how the strike is generally construed in retrospect. For a paragraph on Crenshaw see Estes, "I Am a Man!": Race, Masculinity, and the 1968 Memphis Sanitation Strike." No pagination.

statements of difference as well as the important role that African Americans' relationships with themselves plays in making such statements. In the following decades, the ideological differences of African Americans would be met by further rifts within black cultural politics following integration. The widening chasms of class along with intensifying discussions of gender and later debates of sexuality would bring complexity to the question of what made a black man "a man."

In large part, discussions of the black family and the black community amongst African Americans themselves would retain a traditionalist's element in the support of the primacy of men's contributions to the well-being of the black family and community. Often couched in the terms of the "black male crisis" – a crisis marked by dire statistical data such as the high rates of unemployment, academic underachievement, criminal incarceration, and violent death among black men – the belief that the black community's return to progress and prosperity hinged heavily upon the correcting the fates of black men, in general, and young black men, in particular, seemed a logical compliment to larger debates on family values. From such a viewpoint, the need for black men to assume a greater share of parental responsibility and community participation, helped to fuel the desire for new and adaptive definitions of the provider role; however, this viewpoint also created visions of black manhood that were in some ways not progressive.

The Million Man March

The Million Man March in 1995, which called for black men across the country to re-commit themselves to the struggles of black America, attempted to increase black men's civic involvement with a program of "atonement, reconciliation, and responsibility" based upon the idea that black men were absent in their leadership of families and communities.²¹¹ Although the March borrowed from similar tactics of non-violent protest like the Sanitation Workers Strike of 1968 and focused on the status of black men as "men," it was motivated by a different set of politics. Instead of labor and civil rights, the March and the demands it made were detached from the sphere of labor policy and national politics.²¹² At the core of the March was a more nebulous purpose; for the demands black men were making were largely demands of themselves. As brothers, fathers, and elders the presence of one million black men on the National Mall was meant to signify their collective power and willingness to change themselves for the betterment of their families and communities.

Like the Sanitation Workers Strike of 1968, the Million Man March was a civil act which attempted to vividly contradict the image of black men as less than men. Both events were conscious of the power and politics of representation; however, the Strike occurred in an era in which the politics of representation were markedly different. Unlike the Strike which made moral appeals to the national conscience for a specific demand (i.e., labor rights) the black men who attended the March were largely protesting representations and perceptions of themselves as

²¹¹ Million Man March/Day of Absence Organizing Committee, *The Million Man March/Day of Absence: Mission Statement* (Los Angeles: University of Sankore Press, et al., 1995).

²¹² Although the March did have some focus on employment, its strategies were intended to be implemented within the black community through effort such as the "Black Economic Development Fund." Ibid. pg. 18

irresponsible in their duties to family and community.²¹³ The idea that black men had not “stepped up” to their responsibilities, in some ways, gave the all male assembly credence as a necessary action. Following the logic that “if you are not part of the solution; you are part of the problem,” black men were asked to assume the blame and burden for the dire conditions facing the black family, and by attending the March, they voiced their assent.

Assembled by the figurehead and officiator of the March, Minister Louis Farrakhan (the National Representative of the Nation of Islam), the March was planned as a “holy day in atonement for our misdeeds, [which sought] operational unity and solidarity amongst ourselves.”²¹⁴ Farrakhan’s role as a “black” and “religious” leader helped to frame the ethical gravitas invested in the March. In response to his call, some 800,000 to 1.3 million black men, many of whom were not Muslim, attended the March on the National Mall. Unlike African American’s previous uses of National Mall, as a place so long associated with African Americans’ efforts to enter the mainstream, the logic which girded the March was one of personal responsibility which made no specific demand upon governmental institutions or their policies. While not necessarily an expression of the political separatism generally

²¹³ While the organizers of the March did offer 15 points of “Continuing Practice” – ranging from strengthening the black family to the ongoing struggle for reparations to the fight against police abuse – the purpose of the March, in this writer’s opinion, was largely a representational act that would make these other actions possible. In focusing on the representative politics of the March, I am attempting to draw attention to how the March was a call to responsibility, in a very general sense, rather than a demand for any one specific action. See *Ibid.* pgs. 17-22

²¹⁴ *Ibid.*

associated with the Nation of Islam, the March was an act of gender separatism rooted in the belief that the affairs of men should be addressed among men.²¹⁵

In the planning of the March, Dr. Maulana Karenga writes in the preface of the official Mission Statement for the March that “immediately, questions were raised about the priority-focus on men, the call for the day of atonement as a component of the March proposal, the relevance of the March, its goals, it’s possible results and a host of related concerns.”²¹⁶ The exact nature of these concerns and the ways in which the organizing committee²¹⁷ for the March addressed these concerns are lost to this writer; however, from the tone and wording of other parts of the Mission Statement it seems that the concerns over the all male assembly were ameliorated by the phrasing of the purposes and intentions of the meeting. In an effort to perhaps, diffuse accusations of sexism, the Council reasoned the all male assembly as the only

²¹⁵ The practice of gender separation is a common practice in some Islamic countries and is a practice that has been adopted by several African-American Islamic sects, including the Nation of Islam. Usually enforced to keep unmarried men and women separate during religious or ceremonial functions and to discourage improper social interactions, the all male assembly of the Million Man march can, in part, be seen as an extension of this practice; however, while the separatist politics of the Nation of Islam should be considered in our understanding of the Million Man March, it would perhaps be better to view the gender divisions of the March as more conservative than separatist in the context of larger masculinist movements of their day. At its base, the March sought to address issues which were viewed by other men’s groups as affecting American culture as a whole. In particular the Promise Keepers, a Christian-based men movement which was begun in 1990, used a similar program of all male meetings which were usually held in football stadiums or other sports arenas. Founded by the former head coach of a college football team, the Promise Keepers used the bible and the gospels of Jesus Christ, in particular, as example masculine virtue in the face of declining “family values.”

²¹⁶ Million Man March/Day of Absence Organizing Committee, *The Million Man March/Day of Absence: Mission Statement*. pg. iii

²¹⁷ The Executive Council responsible for making the final decisions related to the shape of the March was composed mostly of representatives and close associates of the Nation of Islam. In using the term “close associates” I am referring to the large number of individuals on the Executive Council who were either a part of the Nation of Islam or shared in the organization’s beliefs in self-help and cultural pride. Among these close associates would be Dr. Benjamin Chavis Muhammad (formerly the head of the NAACP who later converted to Islam and joined the Nation of Islam), Dr. Maulana Karenga, (the author, professor, inventor of Kwanzaa, and a veteran of the Black Power movement), and Mawina Kouyate (the head of the All African Women's Revolutionary Union, a socialist Pan-African organization).

course of action, in stating that “some of the most acute problems facing the Black community within are posed by Black males who have not stood up.” And later in the document they expressed that “in the context of a real and principled brotherhood, those of us who have stood up, must challenge others to stand also; and that unless and until Black men **stand up**, Black men and women cannot **stand together** and accomplish the awesome tasks before us.”²¹⁸

On the face of things, “standing up” to the moral and cultural responsibilities of manhood seemed an irreprehensible act, and in the eyes of its organizers the March was construed as a revolutionary act in that black men were viewed as throwing off the shackles of self-doubt and taking up collective responsibility in their communities, their families, and their relationships. Black men were cast as rising up from previous decades of underperformance in their roles, to meet and relieve women of the mantle of provider and leadership in the family, as if black women wanted to relinquish these roles. Ultimately, the claim of black men return to greatness and authority was seen by critics, such as Critical Race Theorist Kimberle Williams Crenshaw, as a repeat performance of black men assuming their “privileged victim status in antiracist discourse.”²¹⁹

The most critical viewpoints on way the March played out were based on its exclusion of black heterosexual and lesbian women and gay black men. In varying ways they were told to stay home or stay quiet so that the work of the March could

²¹⁸ Million Man March/Day of Absence Organizing Committee, *The Million Man March/Day of Absence: Mission Statement*. pg. 2-3

²¹⁹ Kimberle Williams Crenshaw, "Why We Can't Wait: Integrating Gender and Sexuality into Antiracist Politics," in *Black Men on Race, Gender, and Sexuality: A Critical Reader*, ed. Devon W. Carbado (New York: New York University Press, 1999). Introduction

proceed. Critics believed that in making the March an all male affair, black women were advised that the ‘sins’ of black men, read: heterosexual black men, could only be addressed by their gathering under the auspices of homosocial recommitment. This claim incensed more progressive black women who regarded the March as evidence of the interlocking forces of racial, class and gender oppression and an insult to contributions of black women as leaders within the black community. Gay black men, on the other hand, were invited to the March conditionally. In a statement made by Minister William 3X, gay black men were invited to come only if “they [were] willing to atone for *their sins* [i.e., of homosexuality] as we are going to atone for ours.”²²⁰ In relegating women to the home, and admitting gay black men on proviso that they ‘shut up and change their ways’ the organizers of the March set up particular conditions which sought to control the history they were intending to write with the event.

Lesbian black women were perhaps rendered the most invisible in light of the politics of the March, for they, more than black women or gay black men, threatened the core principles of heterosexuality that girded the March, and they contradicted investments in black heterosexual desire and the centrality of the heterosexual black man in such thinking. In discussing unemployment among black men, Farrakhan argued: “It’s the black woman who is working today ... You can’t respect a man you’re taking care of. This is why our women are turning toward other women.”²²¹

²²⁰ Minister William 3X as quoted in Mark Anthony Neal, *New Black Man* (New York: Routledge, 2005). pg. 19

²²¹ As quoted in Darren Lenard Hutchinson, ""Claiming" And "Speaking" Who We Are," in *Black Men on Race, Gender, and Sexuality : A Critical Reader*, ed. Devon W. Carbado (New York: New York University Press, 1999). pg. 36

And in a separate speech he addressed black gay women as confused and in need of change: “I am telling you, if you ever get exposed to a real man, you would never go to a woman.”²²²

In making connections between economic dominance and sexual potency, Farrakhan draws attention to how work can be imbued with near magical powers beyond those of simple economic provision; however, the ways in which his notions of a “real man” intersect and collide with other, more marginal identities within black communities displays how the black family can operate as a stand-in for the more public discussion of the black community. The act of policing “proper” performances of gender and sexuality, shows how the act of “standing up” refers not only to the act of taking responsibility, but it also represents the act of situating the proper performance of manhood and communal leadership against those who would contradict the centrality of the black male heterosexual in conservative renditions of the black community.

Despite the politics of Farrakhan and his intentions for the March, the ultimate lure of the March to individual black men, I believe, hinged on the *business* of “taking control” which was in some ways sexy. I use the term “sexy” to describe how the appeals of the March construed the role of black manhood as heroic. It was, in large part, the sentiment of benevolence by which black men were to “strengthen the black family” and become more “caring and responsible fathers” upon their return that resonated with large swaths of black men, because of the ways they had been misaligned in the media and social policy as absent from such duties. Also, the

²²² As quoted in Ibid. pg. 36

debates on the black male crisis, which were at their apex during the 1990s, created a chasm of deep need for social change, and they also created the desire for heroes to fill that chasm. And furthermore, the act of “taking control” within families and communities appeased women who adhered to ideal of the nuclear family and more conventional understandings of men’s responsibilities and purpose in that realm. But in focusing so acutely on the idea of the “black man,” and his responsibilities (and his rights to privilege), the pull of the March was, at its base, an act of orchestrated narcissism and an attempt to create new and heroic sense of black masculinity, at time when claims of patriarchal authority in the family are in some ways desirable, but nonetheless increasingly difficult to make due to black women’s often discounted ability to manage the burdens of family and parenting on their own.

Ultimately, the unstated goal of the March was to create a heroic image of black manhood built of the ashes and detritus of maligned representation. This forward looking mentality was created through the packaging of the event as an act of “atonement” for their “sins.” In the language of “atonement,” the March embraced a somewhat Christian ideal of cleaning the slate of black men’s moral culpability, but in erasing that slate black men were also absolved of thinking about the historical and continuing roles of black women in the leadership of black families and communities. In the end, the March was construed as an effort ‘the flip the script’ of black victimhood by painting heterosexual black men as able to muscularly save themselves and their communities, alone.

The Million Man March was so impactful upon both its adherents and detractors because of the time in which it occurred. Stepping into the discourses of

the “black male crisis,” “the crisis of masculinity,” and the debate on “family values,” simultaneously, it spoke in terms of the conventional authorities of each of these discourses: conservative self-responsibility, patriarchal nuclear families, and ameliorative powers of a heroic mythology upon black men’s anxieties about being men. While it would be incorrect to assume all those who attended the March, as well as the women and families that supported them, were aligned with the politics of the Nation of Islam or the personality of the Minister Louis Farrakhan, they were all perhaps drawn to some sense of purpose both relative to and larger than those entities.

In the absence of a definitive core or connection to a concrete goal, the March was able to appeal to black men across the nation on the basis of a general malaise of black masculinity, and it was this generality that encouraged divergent groups of black men to attend for diverse reasons. The symbolism of one million black men peacefully gathered acted, perhaps, as an empty signifier which had different meanings for its attendants. Spike Lee’s film *Get on the Bus* (1996), released on the one year anniversary of the March, attempted to capture the multifarious reasons that black men from different backgrounds had for attending the March. While Lee’s portrait of the men who would *make* the March touched upon issues of gender and sexuality as well as race, ethnicity, and class, it painted the March, itself, as largely incidental to film. Despite the many criticism of the film as hurried or cliché, it was how the film raised the metaphor of the journey, the unwritten story of what black manhood *means*, and the politics of that ongoing conversation that encapsulated the continuing longing for something stable and definitive on an ever-changing social landscape.

Summary

The Sanitation Workers Strike of 1968 and the Million Man March of 1995 offer us different opportunities to examine how definitions of black manhood have developed in different historical moments. In this chapter, I have attempted to apply an abstracted notion of “business,” to understand work, family and gender as sites where black men define their manhood, rhetorically, through social relationships. In enlisting the term “business” my goal was to draw attention to ways in which the *business* of manhood implies a more complex relationship than the one between masculinity and work or labor. In this rendering, *business* is a more complex term concerned with the manipulation of meanings, values, and sometimes the labor, resources, and identities of others in a wide representational field.

In the absence of stable definitions of manhood for all men, black men, and particularly those not advantaged by status or hegemonic power, have had to create the semblance of stability in their identities as men. Aside from the two very public and historical events discussed above, the work of the *business* of manhood is a daily event and it can occur in ways that are not immediately political, but carry political reverberations nonetheless. An under-explored avenue for articulating worth in this chapter has been the ways in which underground economies (or “hustling”) have taken the place of more formal and condoned wage labor. Such an examination could possibly yield greater detail into how black men envision their roles as providers and redeploy the rhetoric of “family values” in economic pursuits not condoned by

mainstream attitudes. My concerns in this chapter have predominantly focused on the *business* of meaning-making rather than the *business* of money-making, and while the two are in no way separable in a discussion of masculinity, I feel that what I have written is a first step in understanding the concepts of provision and contribution as discursive acts.

In my interest with language and the relational way in which manhood is defined, I have been drawn to the way in which black men have often had to fight against their maligned representation; however, such acts need not be considered intensely political events. Take for example the often repeated phrase of the black comedian Cedric the Entertainer, “I’m a Grown Ass Man,” and the way that phrase can be redeployed to mark the boundaries of acceptable and unacceptable male behavior. Or consider the way in which the vernacular term “Grown Man Business” has become a stand in for the affirmation adult male sexuality and pleasure (usually heterosexual) as opposed to performances of sexual naiveté. While these are limited examples, they point to how the *business* of manhood can be an everyday, referential and relational act demarcating status and power between individuals in playful yet discursively political ways.

On an interesting note, in the literature on socio-economic class and depression it has been found that African American men bear the stresses of unemployment better than Euro-American males resulting fewer cases of psychiatric disorders;²²³ however, this difference has often been written off as a result of black men’s hypermasculine and pathological performances of manhood (i.e., substance

²²³ Susan Roxburgh, "Untangling Inequalities: Gender, Race, and Socioeconomic Differences in Depression," *Sociological Forum* 24, no. 2 (2009). pg. 361

abuse, violence, sexual promiscuity) acting as a “pressure valve.” Instead of more examinations on the maladaptive tendencies of African American men, what is needed is a closer examination of how black men are able to engage and manipulate the meanings of masculinity within the discursive fields of language use and rhetoric, where the meanings of manhood, race, and worth are made. I believe further examinations of how the *business* of manhood, as a discursive practice, helps black men maintain their sense of worth and purpose is required if we are to make any conclusive remarks on how such practices impact black men’s ability to cope with the stresses of living in a racist, sexist, and unequal society.

Perceptions of Emotional and Mental Well Being among African American Men

Method and Rationale

Overview

Over the course of this dissertation I have primarily dealt with African American men and the cultural politics of emotion at the level of representations and social codes of masculinity. This chapter is intended to flesh out my concern with the politics of feeling, by using the voices and perspectives of others, in order to bring out the subjective experience of emotional politics.

In performing interviews for this chapter my goal was to understand how black men “story” their understandings of depression. By using the noun ‘story’ as a verb I am attempting to highlight the discursive ways in which individuals construct stories from existing stories. The idea of “storying” is in no way meant to question the honesty of my participants’ responses; rather, I was attempting to surface the means by which understandings of depression are made through a combination of existing socially known narratives (both official and cultural) and personal information.

Selection Process and Procedures

The participants were gathered either directly by me or through word of mouth from contacts on the campus of the University of Maryland. The primary criteria I used for selection were that the participants identified as African American

men and were over 18 years of age at the time of the interview. It was not required that the participants had experienced clinical depression themselves.

In sum, I interviewed four men who identified as African American with varying experience or knowledge of clinical depression. My objective was to interview each of the participants twice, but due to time constraints and life events, I was only able to conduct the initial interview with all my participants.

The first interview was structured in four parts. (1) I reviewed the consent form and had them sign it (see appendix B). (2) I gave an overview of the intended research, my relationship/involvement to the research, and key data regarding accepted diagnostic criteria and health statistics (see below); (3) The participants then completed a demographic survey containing short answers pertaining to the participants' background and likert scales of relationship factors important to their "mental health or emotional wellbeing" (see appendix C); (4) The participants answered a series of opened question pertaining to their perceptions of black men's "mental health or emotional well-being" (See Appendix D) which were digitally recorded.

Prior to the intended second interviews all the participants were sent a transcription of their previous interview, and an early draft of their "Participant Description," which you will find below; however, this is as far I was able to progress. The second interview was intended to be less structured and would have involved the corrections and amendments to the first transcript and the "Participant Description" (for which I received a few corrections via e-mail) as well as addressing questions that arose in my transcribing and comparison of the four transcripts. I

intended to use the second interview to describe my rationale for using the terms “mental health and emotional well-being” throughout the first interview (see further discussion below). I hoped to use the second interview to tease out how their viewpoints related to their demographic self-descriptions (i.e., social class, upbringing, gender socialization, et al.) and cultural dynamics (i.e., their understanding of their racial experience, regional ethnicity, et al.). Nevertheless, though my findings may be restricted in the depth that I had hoped for, I believe that I can make some reasonable speculations as to the role of identity and culture in conditioning my participants’ responses.

Mental Health vs. Emotional Well-being: an Intentional Vagueness

My use of “mental health or emotional well-being” in the first interview was an intentional effort to provide the participant the authority to choose how they viewed depression, as a medical or biological matter or as a matter of culture and context. In offering both terms, I also wanted to make available to my participants that these viewpoints are not mutually exclusive and can coexist in ‘telling the story’ of depression.

The interview questions fell into six general fields and were intended to address key points relative to the overall dissertation. In brief, the areas addressed were personal definitions of mental health, perceived resources and threats, affects of popular representations, perceptions of historical difference and change, and a final question asking if black men were in “crisis in regard to their mental health or emotional well-being.” With the exception of the first question, all questions were phrased using the object clause of “mental health or emotional well-being.”

In asking my participants to speak about black men, in general, I was not insinuating that African American men were a monolithic category. Rather, in asking the respondents to generalize their comments, I was trying to allow for the cultural baggage that comes along with the concept of the “black man” as an identity trope. I was interested in how this trope mingled with medicalized understandings and other stories of emotional experience and performance. In short, I wanted to see how they spoke across a category as wide as “black men” and how they formed notions of belonging and difference in relation to this trope.

Interviewer’s Positioning

In the first interview I told my participants of my own experience of being diagnosed as depressed by a primary care physician and the ways in which it, at first, allowed me to name what was happening to me; however, I later rejected that “story” for I believed it could not accommodate the social and cultural aspects of my experience. I admitted that my experiences could be interpreted as depression, using dominant diagnostic criteria, but I felt that my experiences were circumstantial rather than biological. I did make it known in all the initial interviews my dissatisfaction with the strictly biochemical understanding of depression, and the way that such an approach can erase and eclipse the structural encounters of race and gender and well as the agency required to heal; however, I made the effort to mention this as only *my* perspective, and I tried not to present it as a bias that would affect my participants responses.

To jump start the conversation I showed all the participants the primary diagnostic tools used by medical personnel (the DSM-IV description for Major

Depressive Episode (296.2X-3X), the Zung Self-Rated Depression Scale, and the PHQ-9) (see appendixes E, F, & G). I also showed them suicide statistics, broken down according to suicides per 100,000 in groupings of race, gender, and age from 1950-2005 from the Centers for Disease Control (see Appendixes H, I, J, & K). In showing them the diagnostic tools, I intended them to gain an understanding of the criteria used professionally to diagnose depression and the ways in which the criteria were open to cultural as well as gendered interpretation. And furthermore, in showing them the suicide statistics, my intentions were to draw attention to the years between 1990 and 2000, where the suicide rate for African American men 15 to 24 years of age approached that of White males of the same age group more than anytime during the 55 year span of the available data. As rates of suicide are commonly accepted as an indicator of mental illness, I suggested (or rather speculated) that the increase may have had to do with socio-economic changes, changes in urban and health policy, and/or demographic shifts in African American communities. My goal was not to give a definite answer to the rise in suicides, rather, my goal was to offer both the diagnostic criteria and the statistics as invitation to have them ponder how the experiences of blackness and maleness may impact “mental health or emotional wellbeing” for African American men.

Assumptions and Biases

I assumed that getting willing participants for an interview project entitled “Perceptions of Emotional and Mental Well Being among African American Men” would be difficult considering the stereotypical assumption that men, in general, don’t speak on such matters openly or with ease. However, I found that my

participants were more willing to participate than I initially believed, and that the hang-ups I portended largely lied with me and my ambivalence toward the process. In large part this ambivalence led me to putting off the interviews until I “figured out” the theoretical and methodological underpinnings of the larger, cultural study involved in this work. In hindsight, I should have performed these concurrently; nevertheless, I believe that my findings are nonetheless rich and can still shed light on the politics of feeling for African American men.

As I looked at the transcripts and prepared to write them up, I realized that I had held on to an assumption, in the back of my mind, that one of two things would happen: I assumed that my participants would prefer to talk of depression in terms of the abstract and objective medical model instead of in more revealing emotional terms, and I also thought that my respondents would talk in terms of the black male crisis narrative instead of personal crises. I assumed that these larger stories would allow them space to ‘talk around themselves,’ and I constructed my interviews in such a way to allow them that out. I held on to these presumptions, out of a bias that “emotional terms” and “personal crises” were in some ways more ‘authentic’ than the more public narratives. In hindsight, I have realized that this logic could only lead to the conclusion that all men are ‘inauthentic’ in regards to their emotional expressions. In short, I felt like I was performing nothing less than ethnographic entrapment.

These assumptions (...my assumptions, I own them) were based-upon the widely accepted beliefs that men are not as “emotionally savvy” as women²²⁴ and that

²²⁴ Catherine Lutz argues that the notion of the “unemotional man” and the “emotional woman” have no not naturalistic basis and are mutually sustaining constructs. See Catherine A. Lutz, "Engendered

men generally privilege the action-based emotions of anger, disgust, and jealousy, and generally become taciturn or stoic in the presence of the less normatively valued emotional states of sadness, confusion, or vulnerability.²²⁵ These beliefs are largely uncritical, but are often typical of the ways in which masculinity has become essentialized as a category of being. In hindsight, I did not consider how much I had internalized these viewpoints, how they conditioned what I expected to find, and how they colored my viewing of my participants.

The clear lines I expected between cultural stories, official stories of medical knowledge, and personal stories did not materialize like I thought they would. Therefore, instead of focusing on what I wanted to see, I focused on areas, or themes, around which I felt my participants had the most to say concerning depression and/or emotional vulnerability and the affects of race, gender, and class.

Before discussing these themes in greater detail, I will first give a brief description of my four respondents.

Participant Description

Quentin:

Quentin is 66 year-old African American male, and he is a high-level university administrator. He is a widower, after a 40 year marriage and has no children. His mother was a hair stylist who attended “some college” and is now

Emotion: Gender, Power, and the Rhetoric of Emotional Control," in *Language and the Politics of Emotion*, ed. C. A. Lutz and L. Abu-Lughod (Cambridge: Cambridge University Press, 1990).

²²⁵ “The model of the ‘angry man’ is only a partial alternative to that of the ‘unemotional man’ since it constructs masculinity in terms of ‘negative’ emotions; men are still impotent as far as the ‘positive’ emotions go.” Dariusz Galasinski, *Men and the Language of Emotions* (Houndmills, Basingstoke, Hampshire ; New York: Palgrave Macmillan, 2004). pg. 14-15

retired, and his father, now deceased, was a “maintenance engineer” who attended school until the 8th grade. Quentin was raised in a two parent household in the industrial mid-west, but lived in South Carolina for a short time during his youth (five years). He regarded his upbringing as poor/low-income as related to his living in the “inner city” and his parents never owning their “own house.” In his youth, Quentin also had “few clothes and sometimes [had] not enough to eat. Presently, he regards himself as middle class, as he owns his own “nice home,” owns a “sharp car,” has an “advanced education,” and earns in the “six figures.” Quentin considers himself to be a moderately religious/spiritual person and is Protestant.

Quentin spoke directly of his experience with depression, and spoke of it equally in terms of a “mental issue” and an “emotional issue.” The core of his depression dealt with the passing of his wife of 40 years; however he also spoke of the mental and emotional strain of being African American. He mentioned the use of medication and the use of therapy, but felt that personal relationships and physical activities (e.g., swimming) had helped to keep him “centered.”

Jason

Jason is 32 year-old mid-level university administrator. He is single and has no children. His mother has a bachelor’s degree and is a K-12 teacher. His father is an electrician and is retired from the United States Air Force. He was raised in a two parent household in a small “rural” town in North Carolina. He describes his upbringing as “working class” as his family lived “check to check.” In his present position, he considered himself to be “working class” because he is “living check to

check.” He has a master’s degree and intends on pursuing a Ph.D. or Ed.D. He does not consider himself to be a “religious/spiritual” person, but considers himself a “Christian.”

Although, Jason did not speak directly of his own experiences with depression, he spoke of students he advised as well as his own male relatives and their experiences with mental health issues. He used the terms mental and emotional interchangeably.

Mike

Mike is a 30 year-old doctoral candidate and works full-time for the federal government in an advisory research position. He is a native of the Washington D.C. metro area. Mike’s mother is a police officer of considerable rank and his father owns his own trucking business. Neither of his parents had attended college. He was raised by his mother. Mike describes his upbringing between “poor/low-income” and “working class,” as his “mother and siblings shared a room at one point” and he and his siblings “qualified for low/reduced lunch early in school.” He attributes the eventual rise in his class status as a youth to his mother, who “worked herself into the working class.” He presently considers himself between working-class and middle class as he has “yet to attain [his] career or educational goals (the Ph.D.),” but he is a “homeowner with equity” and is on an “upward trajectory.” Mike attended a historically black college for his undergraduate degree. He is single/never married, but is in a committed heterosexual relationship. His ultimate personal goal is to be “married with children, financially stable, spiritually grounded” with a high degree of

“career satisfaction.” He considers religion/spirituality to be very important to him, and he is non-denominational.

Mike made no open expression of any personal experiences with depression or emotional challenges first hand, but rather spoke through the experience of friends whom he did not name. He primarily chose to speak within framework of mental illness rather in terms of emotional well being. Religion stood out as a dominant framework by which he understood mechanisms of coping and strength, but they were not overt.

Joshua

Joshua is a 23 year-old undergraduate in his senior year and a student athlete. He is a native of Northern Virginia, but has also attended an “affluent” liberal arts college in Upstate New York. Joshua considered himself to be biracial, but not to the exclusion of his “African American side.” He was raised in a two parent household with his mother and step father. He has a sister, five-years his junior, who is “white.” His mother is a vice-president of a trade association in the construction field, who completed one semester of college; and his stepfather is also a vice-president of a food service and hospitality company, who holds a bachelor’s degree. Both his mother and step father are “white.”

Joshua considers his upbringing to have spanned from “poor/low-income” to “working class” to “middle class.” As a youth, he “was the only one in the house that had a bed. Gradually, [his] parents (mother and step-father) moved up in socioeconomic status over the years.” He now considers himself to be “wealthy/affluent,” because “[he] does not want for much” and “[lives] in a nice

neighborhood.” His parents “pay two college tuitions” as well as the mortgage/rent on “a house and two apartments.” He is single and has no children. Joshua does not consider himself to be religious/spiritual, and claimed no denomination.

Joshua spoke from his own experience with depression in the personal sense. His “depression” largely arose out of his coming to a reconciliation of his bi-racial heritage and the sense of abandonment he felt toward his African American father, who “walked out” when he was “two years-old.” Joshua is receiving therapy and admits that he has been able to “work things out” by talking about them. He used the terms mental and emotional interchangeably.

Tyrone

I am a 37 year old Ph.D. candidate who works as a program coordinator for undergraduate leadership program as a graduate assistant. I have been enrolled in schools of higher education (both private and public) for most of my adult life. I was raised in Lancaster, PA in a household with my two sisters, who are 10 and 11 years his senior, from my mother’s previous marriage. I also have a sister and brother from my father’s previous marriage who are 11 and 9 years my senior, respectively. I am not married and I have no children.

My mother worked in light manufacturing (in an RCA television factory) and as a deli clerk in a grocery store, while my father was a sergeant and mess steward in the U.S. Army stationed in South Korea and Germany. Both of my parents did not complete high school. My mother, a native of Lancaster, PA was the oldest of five children and attended school until the 11th grade before dropping out to take care of

her four younger brothers, my uncles. My father, a native of Detroit, MI, attended school until the 8th grade. He was the oldest of eight children, and he joined military at the age of 15 with the endorsement of his father, my grandfather. Both of my parents are deceased.

I regard my upbringing as between “working-class” and “middle-class” in terms of the neighborhood I spent most of my youth. I contribute my belief in my “partly middle-class” status to the never having lived in an apartment as a kid and the “sense” my mother tried to put in my head about respect and straight teeth. Presently, I still regard my socio-economic class as between “working-class” and “middle-class,” due to my limited earning potential as a graduate assistant and my desire to remain in touch with my sometimes imagined working-class past.

As the interviewer, I spoke of my own experiences with depression with the participants above primarily in an effort to encourage my respondents to “open up.” I had taken several different medications for depression at one time, but, after finding that the medication limited all emotional responses to a very narrow register and had other side affects I stopped taking the medication. I have been in therapy, but I haven’t been in therapy for more than a year due to a lack of insurance and lack of “energy” to find and form a relationship with a therapist.

Major Themes of the Four Interviews

Overview

In the process of synthesizing the transcripts from the four interviews, I grouped the comments of my respondents under four topics that I believe represent the major themes of our conversations (i.e., “Black Men and Crisis,” “Race and Resources,” “The Role of Family and Social Roles,” and “Labels, ‘Swagger,’ and the ‘Cool Pose’”). I determined the major themes primarily through my familiarity with the transcripts, which I transcribed myself. I chose not to use transcript analysis software such as “Nudist” for the transcripts for each of the respondents were only 6 to 9 pages single-spaced, and I felt confident that I could recall the frequency with which certain topics were addressed. In deciding to analyze the transcripts without software or other more “impartial” means, I would admit that what I saw in their responses was, in part, conditioned by my expectations; however, I do not see this as negative for I feel that it helped with the process of understanding my own role in the interviews which I will discuss more fully in the conclusion.

Black Men and Crisis

None of the participants viewed black males as ‘in a state of crisis’ in regard to their mental health, and it did not resound with the participants as a social or epidemic concern. Although the participants did acknowledge the suicide statistics for young black males in the 1990s, these numbers did not equate with a “crisis” in their minds. It seemed as if “crisis” was either the wrong term to describe what was going

on with African American men or it was, to some degree, not acknowledged (or acknowledgeable) by black men. In the first count, responses such as “maybe crisis is too strong a word” or “I wouldn’t say they are in a state of emergency or anything like that” were illustrative of the overall sentiments my participants held. In the second count, two of the participants took their responses a bit further and viewed “crisis” as having an ideological element. In their view, a “crisis” required some level of alignment with class-based notions of health and well-ness.

For Mike, who spoke from a perspective of mental health as a matter of overall health, it was a matter of many black men not having the resources or time to think of their mental health in terms of a “crisis.”

Mike: I don’t think black men think about our mental health. Maybe it’s because there is a laundry list of things that we have to think about every day. I don’t think people wake up every day and think “Well, my wife is taken care of, I gotta make sure the kids get to school, job is still there, gotta take care of the house and the bills... I need to make sure my mental health is fine ... I don’t think mental health is something that even makes the list.”

For Quentin, the issue of crisis was firmly a matter of class-based valuation:

Quentin: “[Black men], I don’t believe, as a whole, think they are in a state of crisis... Black men, who are not middle class, don’t think in terms of ‘crises.’

As a discourse, the crisis of black men’s mental health was a matter that required a level of ‘buy-in.’ In the comments of Mike and Quentin, both of whom mentioned the over-lapping influences of race and class frequently in their responses, such a ‘buy-in’ was not simply a matter of education into the consensus view of “mental health” but rather it was more so a matter of social and cultural perspective.

If I may digress for a moment, I am reminded of a question I had the opportunity to ask Charles Burnett, the writer and director of *Killer of Sheep*,

regarding his character Stan. I wanted to know if he thought of Stan as depressed, to which he responded “No, he got up and went to work.” Like Burnett’s quick response, my participants, while acknowledging the affect that racism and social inequities have had on African American men, perhaps viewed crisis and the incapacitation that it connotes as antithetical to the stories of black men dealing with stress and strife.

In asking my participants to address the concept of African American men as a whole, race seemed to obviate any privileges of class. They regarded African Americans as perpetually between “working-class” and “middle class” in their values, even though many of the participants held typically middle to upper class positions or were on that trajectory. Thus, a crisis of mental or emotional health was in some ways racialized vis-à-vis class, but it was also gendered. Jason was shocked that black men had historically completed suicide at higher rates than white women, leading me to believe that crisis, in this proposed instance, carried with it the sentiment that depression was a “white woman’s disease.” In the context of our discussions, access to the language of crisis involved a level of identity politics that leaned upon emotional politics.

Nonetheless, in telling the story behind the curve, notions of crisis did enter my conversations with my participants; however, they were crises of employment, leadership, and representation which were viewed as contributing factors to mental and emotional health, but they were not directly causal. In problematizing “crisis,” the participants did not deny that *something* social was influencing the suicide rates for black men. They offered suggestions such as diminishing social and cultural

supports, returning Gulf War veterans, the disintegration of black folk structures in the face of global media, and even “the price of gas” as possible reasons as to why. Rather than viewing “crisis” as a personal event, they viewed it as a social event, wherein the “sickness” lied in society and not the black male body.

Race and Resources

Race and power stood as key factors in determining the level of resources that black men had in maintaining their mental health and emotional well-being. On the whole, my participants regarded “resources” in terms of social resources rather than economic ones, and most of them spoke to “resources” as a matter of cultural capital. In this understanding, the norm of white masculinity placed African American men at a disadvantage in regards to the perceptions of their masculinity, which, in turn, could affect African American men’s self-concept and feelings of worth in larger society. For Quentin, “[Black men] were forever on probation, always having to prove ourselves. We are, for so many people, [movie] extras.” But on the other side, for all my respondents the election of Barak Obama as the first African American President of the United States stood out as a sign for hope for eventual parity, but my participants were still conscious of boundaries of race. Jason made a remark about a white cashier who placed his change on the counter instead of handing it to him, saying that “whether she voted for Obama or not, people don’t see the Obama in me.”

The psychic burdens of such difference, in the eyes of my participants, were detrimental as far as the extra work required by black men to come to social expected norms of masculinity. This work required them to accede to the masculine virtues of

independence and responsibility, but it also required, in the words of Mike, for them to “not fit what the stereotype looks like.”

Quentin, who was in his twenties in the 1960s, described it as a nagging sense of uncertainty, which he believed drove professional black men to choose white lawyers and doctors over black ones as well as leading them to choose white wives.

Quentin: White men are, even if they don't admit it, are the most privileged people in society. Because of their position in society, they are able to be free of the racialized doubt that affects black men... I am convinced that living in a society where 'white is right' causes stress that has a negative effect on our mental well being.

The privileged status of whiteness also affected the access to and delivery of health care services. Joshua, who is of biracial heritage, still thought that his white male friends had “a lot more resources open to them, just because of their race.”

Comparing his efforts to find a racially-conscious therapist with those of his white friends, he felt pursuing therapy was easier for his white friends.

Joshua: Whereas they may feel more comfortable talking about [their issues], I don't feel comfortable talking to people if they don't understand where I am coming from. Being bi-racial and growing up in a white family, I still prefer to talk to people ... who understand the race side of it and what I go through being biracial.

However, some held the sentiment that the lack of recourse to the norm of whiteness also cultivated a sense of self-knowledge and independence that, in some ways, made black men psychically stronger than white men.

Mike: We're more mentally in tuned with ourselves, because we have to deal with ourselves everyday [and the stereotypes others have of us]. White men don't have to think about it because they are the standard, and everyone else has to be compared to them. So of course, if you're the standard, you don't have to think about things.

Very much like the protagonist of Ralph Ellison's *Invisible Man*, my participants spoke of emotional experiences that are seldom audible above the cacophony of their images, but such a remove was in some degree, seen as part and parcel of blackness. This lack of recourse to the standard enables another field of knowledge of emotional being that introduces other means of coping, which I will address further below.

Role of Family & Social Roles

Family plays a key role in gender socialization, and families, whether real or imagined, offer us a window into how emotional performances are conditioned by social expectations as well as the expectations of mothers and fathers. Family represented a contested site for my participants, in that it could make you as a man and it could test you as a boy growing into maturity. I chose to collect several of my participants' responses into a section on family because of the emotionally formative qualities of the family space.

Some of the participants spoke from within a framework of family in which black men's mental health was contingent upon their ability to care and provide for others through adequate employment and social mobility. For Quentin, the ability to provide "gave you a sense of completeness." A common sense of "completeness" through labor marked the responses of the other participants; however, for Quentin it was most strongly voiced as a matter of essential to male dignity. As a native of a large, post-industrial city, Quentin spoke of the class antagonism that surrounded the discussion of the urban poor and the role that the absence of fulfilling work played in denial of dignity for black men.

Q: “[Black men] want to say ‘pull me out of this pit of poverty. Provide me with skills and jobs before you harangue me, before you preach to me, before you demonize me,’ et cetera...”

In the absence of fulfilling work, Quentin mentioned “underground economies” as a means of not only making money but also as a way of maintaining masculine dignity. Through the examples of bootleg CDs salesmen and illegal fish markets, Quentin argued that though these activities may be illegal, they were not immoral. They helped to diffuse condescending class perspectives and combated the perception of black men as dependent upon social handouts.

Interestingly, none of my participants had children; however, the families of their upbringing were viewed as a training ground for emotional performance. For Quentin, the participant with the most life experience, the African American family was rendered as source of sustaining cultural values, of learning how to make do with what was given, and of trying to do better than the previous generation. However, the younger participants who spoke of family primarily in terms of their mothers, fathers and siblings viewed these relationships as more contentious. Quite strikingly, many of them spoke of their families as possibly detrimental or threatening to the mental health or emotional well-being of black men. The idea of “threat” was communicated primarily through the expectations placed on their emotional performances as young men.

For Jason, whose family members sometimes viewed him as “the soft one” in contrast to his more reserved and aloof brother, such threats came from his father’s expectations.

Jason: I would do things and you know respond in certain way to stuff, my dad would be like ‘You don’t do that. You don’t act that way’ ... You don’t

want to do a certain things or come off as being a certain way, because you don't want your father to perceive you that way. And, people, and black men specifically, or whether they're white or black, want their father's approval. And if you don't have that, you constantly feel like you are fighting for that ... and from that perspective I see that as a threat, because you always, constantly trying to prove – if you have your father in your life – you're always feeling that you're having to prove it to them, for whatever reason.

For Joshua, being “threatened” by family came from a “sense of abandonment” he felt toward his absent African American father, who recently attempted to come back into his life. After receiving a phone call from his father, who he hadn't seen in over twenty years, his father “backed off” and required that he take the initiative to continue the relationship. After that phone call, Joshua hadn't “heard anything from him since.” For Joshua, the threat of family was created by his biological father's expectation that the hurt of Joshua's abandonment was erased by passage of time.

Joshua: I'm just dealing with my own things, I had thought nothing could really affect my health, but I guess as an African American male, when my dad left and [the way] he came back, that's what really started this all.

For the younger participants, mothers were also viewed as potential threats to black men's “mental health and emotional well-being” from a developmental standpoint. Black women, as mothers, were primarily regarded by the participants as supportive and nurturing. And when the participants did speak from a personal perspective, they valued the relationships they had with their mothers. However, in making comments on the African American community, at large, they commented on how a mother's expectations of emotional performance could be as damaging as those of the father. Mike viewed this as a systemic issue of absent fathers and overburden mothers:

Mike: Families play into [threat] as well. And that brings on a different spiral, because many times black women are raising black boys, so they have to teach their black boys to grow up to be strong. The way they know to teach them to grow up and be strong is to [say] “don’t cry, suck it up” ... Boys who are told to at 4 or 5 or 6, “don’t cry, suck it up,” don’t usually become boys who want to go to see the therapist when they are older.

Jason forwarded a similar idea, but in his rendition, the instructional power of ‘acting like a man’ in the eyes of black mothers’ was a matter of acting (or not acting) like the men their fathers were.

Jason: But for mothers... if you’re raised in a single family home, you know mothers sort of see you as the one that has to bear all of this. You know, you have to be strong for the family, it’s sort of this responsibility that placed on you ... Sometimes they can look at you and see your father in you, and take that out on you. You know, like, “Oh, you’re just like your father!” And it’s sort of difficult, because it’s like “Damn, but what did I do!?” I have friends that who have that situation, who sometimes didn’t even know their fathers, but their mothers would pass it on to them.

The divergent views of the black family as a site of nurturance and as a site of contention for black masculine development need not be seen as mutually exclusive. The younger participants’ viewpoints on the threats of performative expectation may have been conditioned by their age and their proximity to childhood and adolescence, but they might also be attributable to the gravitas that single-parent households and absent fathers bear in debates of contemporary African American culture (i.e., the stresses placed on black mothers.) Yet and still, these viewpoints on the black family, illustrate the ways in which the emotional performance of masculinity are both socially and culturally conditioned.

Labels, “swagger,” and the Cool Pose

All of the participants, in some degree, mentioned role that labeling played in the African American men’s difficulties in dealing with matters related to mental or

emotional health. They expressed this labeling as a fear of not being seen as in control of their emotional or mental lives and also as a threat to their masculinity; however, while they were in accord with mainstream sentiments of stigma, they also mentioned the stigma associated with not measuring up to racialized and class-based standards of masculinity. Between the stigmas of being seen as “crazy” and being seen as a stereotypically dysfunctional black man, the participants viewed the notion of “stigma” as a double edged sword.

In regard to the “crazy” stigma, the participants admitted to the foreignness of the concept of medicalized mental illness in more vernacular understandings of the black psyche, but they did not dismiss medical knowledge or the fact that black men are susceptible to mental and emotional health issues. In their stories, they shared examples of other black men who were either diagnosed or whom were expected as having a mental illness. These diagnoses affected not only the individual, but they also affected relatives and friends in ways that leaned upon cultural expectations of blackness and maleness.

Mike spoke of a friend who had been diagnosed as bipolar and how the diagnosis had been both “a relief” (to his friend) and a means of “saving face” as far as the diagnosis being a way of explaining past, erratic behaviors and his substance abuse patterns to his friends. In Mike’s understanding, the diagnosis allowed his friend to ‘name’ what was happening to him, but his friend initial resistance was connected to his desire to be seen as “in control and handling the situation.” For Mike, who viewed the experiences of his friend largely in terms of medical

interpretation, the diagnosis was not a threat to masculinity, although his friend may have initially perceived it as such.

Jason, on the other hand, told another story. He shared the story of his nephew, who was also diagnosed as bipolar and the struggles he had in convincing his nephew to “take his medication.” However the larger struggle was with his brother, who was the most opposed to his son’s diagnosis.

Jason: My brother resisted. He just resisted, resisted, resisted, because he didn’t want him labeled as bi-polar ... [because of] how this would affect him, in school and later on in life, but also how [his son] would absorb that.

In Jason’s example, the labeling his nephew as “bi-polar” carried a sentiment that ran counter to his brother’s conceptualization of black masculinity. Not wanting to have another “label put on him,” his brother’s anxieties revealed a tension between the fact of his son’s “behavioral problems” and the desire for his son to be free of the possible limitations of having a mental illness.

In my interviews of Quentin and Joshua, they both mentioned, directly, their experiences with depression; however, they viewed the experience of “being labeled” differently. In both men’s cases, the cause of the depression in their lives was circumstantial. For Quentin, it was the death of his wife of forty years who he frequently referred to in the interview as “his best friend.” And for Joshua, it was his bi-racial heritage and the role his absent black father played in coming to an understanding of that experience. For both men, interpreting their experiences as depressive was not labeling or limiting, but rather it was a sign difference that signaled that they, perhaps, had more work to do than others in regaining the equilibrium that they had lost due to life events.

It is unknown to me exactly how Quentin and Joshua came to apply the term “depression” to their experiences as I chose not to press the issue out a desire to remain neutral in the first interview. However, in surfacing “depression” themselves, both Quentin and Joshua offered stories that opened themselves to a sense of vulnerability that was in many ways empowering for them. In their comments, their depression stood as an experience to be handled rather than a condition to be treated. And as such, both men regarded their experiences as key to their personal development.

Nevertheless, both men were cognizant of how such experiences could be as limiting to African American men. Remarking on representations of African American men, Joshua believed that the level of vulnerability involved in dealing with depression was not mirrored in cultural portrayals of black men.

Joshua: It’s always the black man being strong, willful, and not weak at all, of not anything being wrong with you. Like, it’s generally accepted and it’s looked down upon as if you have something wrong with you if you express weakness. There is a certain way that you have to act if you’re black.

In regards to this “certain way of acting,” other participants remarked on how the pressures of stereotypes as well as the fear of being labeled, as crazy or as less masculine often lead to African American men’s adaptive postures. Quentin referred to it as “false bravado,” while Jason referred to it as “swagger.” Both men approximated what is generally regarded as “the Cool Pose” in sociological treatments of African American culture.²²⁶ However, while acknowledging the stylistic and sustaining aspects of the Cool Pose, my participants considered it as

²²⁶ Richard Majors and Janet Mancini Billson, *Cool Pose: The Dilemmas of Black Manhood in America*, 1st Touchstone ed. (New York: Simon & Schuster, 1993).

possibly more limiting than the labels themselves. Jason believed that the stylistic lure of “swagger” created an illusion for black men, and particularly young black men, in that they did not have to risk the vulnerability of asking for help or counsel during difficult moments in their lives.

Jason: If you’re a black man you feel like it’s just you, it’s just you out there. And that’s where that bravado comes from. It’s sort of like pumping yourself up. So if you tell yourself, “I’m the shit.” And then you have someone tell you this is what you are [i.e., mentally ill] you kind of say to yourself “Damn, I am not the shit anymore.” So, it goes back to labels, [black men] don’t want those labels on them.

What is interesting in Jason’s versioning of “swagger,” is the way in which it differs from Majors and Billson’s version of the Cool Pose. In the authors’ rendering, cool was a “the black man’s last ditch effort for masculine self-control,” without “risking punishment” for the rage and anger black men sublimated in a racist society.²²⁷ However, unlike the dominant interpretation of the Cool Pose, Jason primarily viewed “swagger” as a cover for vulnerability instead of rage. Perhaps, the larger question here is which is more salient when considering matters of black men mental health or emotional well-being: Is the Cool Pose just stylistically sublimated rage, or is it a veil for the vulnerability for which rage is only another mask?

Reflection

Pushing my objective voice aside, I want to discuss my own concerns in conducting these interviews, because even though my goal was to understand my respondents’ subjective experiences, I can only write authoritatively about my own.

²²⁷ Ibid. pgs. 29 & 27 respectively

As an African American man who has experienced recurring bouts of depression in his own life, I began these interviews out of selfish interests. I wanted to know how narratives of blackness and masculinity impacted how black men viewed the emotional experience of sadness outside of a medical framework, because I had felt that my experiences as “black” and “male” gave shape and contour to my experiences of depression in ways that the dominant medical narrative could not. In interviewing other African American men and gathering their opinions and experiences, I wanted evidence of an alternative paradigm of viewing black men’s personal and social encounter with depression, or at least wanted to know what one *could* look like. I believe that I have begun that work here, but this is only a beginning.

In hindsight, I admit that were many other things that I wish I could have done differently. First of all, I wish I would have begun my interviews earlier. The hardest part about the whole process was starting it. After I had spoken with the respondents in the first interviews, I have no doubt the second ones would have been easier and would have allowed me to come to firmer conclusions. Although I feel the themes I discussed above did address the bulk of the commonalities in those first interviews, there were a lot of loose ends that I would have liked to pursue more fully in the second interview. For example, in having a thirty year age gap between my respondents, I wondered how age and maturity affected how they viewed emotional expressivity. And I also wondered how that age difference affected my respondents’ sense of racial consciousness, since they would have come of age at different times and would have understood “blackness” from different vantage points. Filling out

both these areas would have complimented my work in the previous chapter (i.e., “Grown Man Business: Civic Expression and the Rhetoric of Black Manhood.”)

Furthermore, I would have liked to asked questions that dealt specifically with masculinity and emotionality. As stated above, I came into the interviews with the assumption that my respondents would avoid emotional matters, and it was an assumption that eventually proved false. If I had the opportunity of a second interview I would have explored more fully how my respondents may have felt, themselves, in providing the examples and stories that they did and I would have liked to have known how the one-on-one format may have allowed them to say certain things that they would have perhaps said differently in a more open venue. If I had this information, I believe I could have done a better job in contextualizing their comments in regard to “feeling rules.”²²⁸

Summary

In this chapter, I have synthesized the viewpoints of four African American men and their perceptions of mental and emotional wellbeing. Grouping my participants’ responses in term of crisis, cultural and social resources, family and gender performance, and the significance of labeling, I have attempted to mark out the ways in which issues of race, gender, and class impact the ways in which the phenomenon of depression is viewed by black men. In the course of my research and writing I have found that perceptions of depression as an emotional experience and a mental or medical concept cannot be easily separated; however, more research must

²²⁸ See page 66 for a discussion of *feeling rules*.

be done into the social and cultural factors that influence black men's perceptions of depression.

My influence in the research and writing of this chapter has been significant to an extent that I am only beginning to realize. As African American male who is admittedly ambivalent about his own experiences with clinical depression, and whether "clinical depression" is the proper word for explaining my experiences, the writing of this chapter has been both informative and taxing. It has been informative to the degree of realizing that any ethnography is always, simultaneously, an act of auto-ethnography; we influence the responses of our respondents as much as their responses influence us, but the exchange is never as equal or as *even* as we would like it to be. In this respect, the process of performing this study has also been perplexing in the struggle to give meaning and structure to the responses of my respondents while still allowing for new information to inform my conclusions.

My future ethnographic work with black men in this area will require that I explore more fully what the concept "depression" means to my respondents, and myself, and if that is the best term to use to focus my studies. I believe that medical understandings of depression as well as cultural born definitions of sadness co-existed and informed one another within my subjects' understandings; however, "depression" carries with it a degree of pathology that can be problematic in examining persons who have a history of being maligned by pathologies. The work ahead of me is to find a term or a way of speaking that draws importance to the subject of black men's emotional well-being, without labeling their biology or culture as dysfunctional.

Return: a Conclusion

Over the course of this dissertation, I have attempted to go against the grain of standard understandings of clinical depression in an effort to tease out the subjective experiences of that phenomenon in ways that make issues of race, gender, and class present in our understanding. My central argument has been that too often our general understandings of depression, as a biological disorder, limit our ability to discuss and think of depression in terms of lived existence. In an effort to discuss clinical depression among African American men critically, I employed an overall premise that “depression” is a discursive construct, which could mean various things when spoken of in different contexts. As a discursive construct, I approached the topic over several chapters using a mixed methodology which prodded the question of how the cultural values of African Americans and the forces of hetero-normative masculine belonging conditioned how black men thought about depression as a concept and how their emotional experiences gelled with its common definitions.

Chapter Review

In the first chapter of this dissertation, “A Normal Paranoia,” I use the example of the comedian Dave Chappelle’s appearance on the *Oprah Winfrey Show* as an example of why the concept of “clinical depression” is perhaps resisted by African Americans, in general, and black men, in specific. In that broadcast, Chappelle regards his purported “breakdown” as the result of socially-born “stresses” rather than “clinical depression.” Using Chappelle’s comments as a spring board, I

use the remainder of the chapter to bring complexity to common understandings of depression (as strictly biological) and to mark out the ways in which social and cultural factors are usually divested from our general understanding of depression.

In an effort to unravel how both lay views of depression (*vis-à-vis* the therapeutic ethos) and clinical views of depression (i.e., psychiatry and medical authority) have limited the discussion of the social and cultural factors relative to the depressive experience, I continue on two fronts.

I first explore the *Oprah Winfrey Show* as an example of the therapeutic ethos (i.e., our cultural tendency to regard our private and emotional experiences as public and sharable events), and I argue that this tendency has influenced a paradigm shift in American culture regarding how we view mental illness and our agency to confront it. In making the experience of depression common, the therapeutic ethos has made it so experiences such as blackness and maleness have become less significant than the communicability and commonness of our experience. I argue that in our cultural tendency to “share our feelings” under the auspices of democratic openness we may ultimately be disarming our ability to discuss the cultural and political circumstances that may have caused our depression in the first place.

On the second front, I explore the ways in which the medical discourse on depression has changed over the last several decades, and how these changes have supported the erasure of social and culture factors in our understanding of depression. Using the history of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the way in which the diagnosis of depression changed with the third revision in 1980 (i.e., the DSM-III), I explore how the shift to evidence-based methodology in the field of psychiatry

made elements of the patient's biography (i.e, elements such as the affects of racism) inconsequential. Beginning with the DSM-III, depression began to be defined by a list of symptoms (see Appendix E), rather than through an examination and evaluation of the patient biography (i.e., childhood, immediate social influences, dreams, et al.) as it was when the field of psychiatry was driven by the practice of psychoanalysis. I make the argument that these changes were supported by governmental mandates and business interests (in an effort to make mental healthcare cost more containable) as well as the field of psychiatry (in an effort to make it more "reputable" as a science).

The primary goal of "A Normal Paranoia" is to unsettle definitions and understandings of clinical depression; however, my **is not** to create another term to take its place. My reasons for not choosing to create another term are due to the fact that while I feel I was able to disconnect depression from medical authority and the therapeutic ethos, the work of creating a new definition would still have to reconcile with the dominant view of "depression" or sadness as pathological instead of as a normal part of social life. Arguably, the sense of crisis surrounding clinical depression is in part due to how the condition has been redefined in the last several decades and the rampant belief that sadness is paradoxical to a normal life. My effort to address these matters can be found in the second chapter, "Emotional Evidence/Emotional Etiquette: Towards a 'Structure of Feeling' of Feeling," where I show how definitions of sadness are moored to cultural beliefs and values of health, which both conflict and compete with the cultural experiences of African American men.

In that second chapter, I argue that “depression” as we understand it, is an emotional experience (in addition to it being a psychic or mental one) that can be understood through research on the social and cultural experience of emotion. Adopting the belief that it was impossible to speak for all African American men in regard to their personal experiences of depression, I focus more on how sentiments and attitudes toward emotion were constructed social and culturally. Following this logic, I argue that a suitable methodology for understanding depression as an emotional experience could be culled from previous research on emotions in the disciplines of history, sociology, and anthropology and I draw upon the theories of several of those writers.

My use of the phrase “Emotional Evidence” is meant to signify my synthesis of those various methodologies into the over arching idea of a “‘Structure of Feeling’ of Feeling.” Adapting this idea from the work of Raymond Williams, I similarly argue that cultural texts can be used to create group identity; however, I expand upon Williams’ concern with “tradition” to address how emotion and emotional expression is another site of cultural belonging or non-belonging. On the cusp of what we could consider the postmodern era, Williams believed that the expanding influence of media and popular culture artifacts offered sources by which individuals understood and constructed their relationships with one another. Using this idea, I argue that emotional performances, and ultimately how those performances are valued, could similarly be used to understand how and emotions such as sadness are interpreted, valued, and given meaning within a specific culture. Using examples from popular sources (such as music and movies) in the second section of the chapter, “Emotional

Etiquette,” I argue that these sources contain rules or enforce boundaries of emotional performance that inform individuals’ behavior and belief systems regarding emotional expression.

In addressing how black men’s emotional experience of depression or sadness is conditioned by these rules, I perform a reading of the film *Get Rich or Die Trying* (2005) as a window into how dominant myths surrounding black men, may curtail their expression of sadness for very real reasons, and how cultural beliefs in the emotional resiliency of African Americans often bolster experiences of pain as an indicator of racial authenticity. Later in the chapter, I also explore how emotional weakness or distress, in hypermasculine understandings of black manhood, is often tied to anxieties of homosexuality in the black community, and I discuss how this fear ultimately limits deeper discussions of men’s emotional well-being. While these examples were chosen to illustrate the extreme boundaries of emotional performance, they show how the “‘Structure of Feeling’ of Feeling” can be used to understand how individuals’ emotional worlds are conditioned through the relation of ideal and abject performances of emotion.

In the next chapter, I turn my attention to explore how African American understandings of mental health as a crisis have changed over the past forty years. In that chapter, “From Black Rage to Black Pain: Gender, Genre and the Structure of Crisis,” I review the historical contexts and criticisms of *Black Rage* by William H. Grier and Price M. Cobb (1968) and *Black Pain: It Just Looks like We’re Not Hurting* by Terrie Williams (2008). I argue for the importance of these works because they stand as historical bookends to popular discussion of African American mental health.

While these works were very different considering the genres in which they were written (i.e., protest literature and self-help, respectively), I argue that their differences can supply food for thought when considering how different notions of crisis, and how these crises are articulated, can shape our understanding of African American mental health.

In order to address the significance of these works in regard to the times in which they were written, I read these works as “stories” written to assist African Americans’ conversations about mental health illnesses. Working from the premise that African American resistance to medicalized narratives is not due to ignorance, but rather it is due the lack of inclusion of their own experiences in such discussions, I read the authors’ uses of anecdotal examples and case histories as an effort to appeal to the sensibilities of African American readers in the language of their historical moment. Read as such, each of the works contextualized the significance of thinking about African American mental illness as well as the actions required to heal it.

In the next, chapter I continue my interest in the meanings of mental health to African Americans over time, but this time I turn my attention to the changing definitions of labor and how they impacted African American’s construction of worth in terms of manhood. In the chapter, “Grown Man Business: Civic Expression and the Rhetoric of Black Manhood” I apply an abstracted notion of “business,” to understand work, family and gender as sites where black men define their manhood, rhetorically, through social relationships. In using the term “business,” my goal was to draw attention to ways in which the business of manhood implies a more complex relationship than the one between masculinity and work or labor. In this rendering,

business is a more complex term concerned with the manipulation of meanings, values, and sometimes the labor, resources, and identities of others in a wide representational field.

I argue that in the absence of stable definitions of manhood for all men, following the declining availability of blue collar work after the 1970s, black men, and particularly those not advantaged by status or hegemonic power, still needed to create the semblance of stability in their identities as men. Employing the term business as discursive act of meaning making rather than money making, I discuss how black men meet the challenges presented by conservative notions of patriarchy in the context of the Sanitation Workers Strike of 1968 and the Million Man March of 1995. In choosing such historical civic events, my goal was to understand how the maligning of black men's ability to provide for their families economically (but more importantly morally) created two different notions of manhood. In the declining availability of labor and the decreasing feasibility of the family wage, I argue that the March constructed black men's sense of worth in the terms of the black *community*, as analogue of the black *family*, to enact narratives of worth, status, and difference.

In the final chapter, I turn my attention toward ethnography in an effort to understand how individual black men understood clinical depression and the perceived impacts of being "black" and "male" on African American men's mental health. In that chapter, "Perceptions of Emotional and Mental Well Being among African American Men," I synthesize the viewpoints of four African American men and their stories and perceptions. Grouping my participants' responses in terms of their perceptions of a mental crisis among black men, their cultural and social resources in

maintaining mental health, the politics gender performance within the family, and the significance of labeling, I mark out the ways in which issues of race, gender, and class impact how the phenomenon of depression is viewed by black men.

In the course of my research and writing I found that my respondents' perceptions of depression as an emotional experience and a mental or medical concept could be easily separated; however, they each discussed their experiences of being "black" and "male" as salient to the discussion of what clinical depression meant to them. As an auto-ethnography as well, I included my own experiences with clinical depression in my interactions with the respondents as well.

Reflection

My greatest learning in writing this dissertation was coming to the realization that the literature on clinical depression was not going to answer my questions. In the course of my early research and early writing of this dissertation, I slowly realized my interest lay not with clinical depression, per se, but rather with the politics of feeling that surrounded African Americans' experience and perception of depression. Driven by the belief that much of the writing on black men and clinical depression was missing the critical element of actually being critical of the ways in which the crisis surrounding mental illness was being constructed, I envisioned this work as filling a gap in the scholarship on the subject. In my efforts to complete this task – in my efforts to argue that African American men view depression differently in regards to their understandings of culture, gender and class – I have no doubt left some

important things out of this dissertation. Nevertheless, these absences inform me of the further work that must be done in order to meet this goal.

Perhaps the most yawning absence is the manner in which I deconstructed the idea of clinical depression but created nothing to take its place. As I have stated repeatedly above, it was never my goal to create something to take its place, because anything that could be thought to replace it would just be another instance of pathology. Sadness, despite the American cultural tendency to regard it as negative, can be a cultural resource and a way of remembering for a people. While I have not written of it in these pages, I have often thought of the way the blues, as a musical form and epistemology, has helped African Americans channel and harness their experiences of sadness and to make those experiences into strength. However, I did not carry out that argument in this work. Ultimately, I left the “story” of the blues untold because I was so exceedingly focused on the act of deconstruction that I had no energy to be constructive, and such a work would deserve a dissertation within itself.

Other areas of this dissertation point to the possibility of further work as well. One such area is the enormous possibilities for future ethnographic work with black men. Much of the “data” I found regarding African American men and depression dealt with large quantitative studies. While those studies were useful in understanding large scale phenomenon, they ultimately flattened the “stories” of those men, because seldom do quantitative works consider matters of context. On the other hand, some qualitative studies do exist regarding black men and depression, but those studies never question “depression” as a social construct or the cultural meanings invested

in it. Further work is needed in order to give African American men the space and authority to author their own emotional experiences surrounding the blues.

Lastly, I believe future work on African American men and depression must examine black men firmly within the context of the diversity of African American culture. Too often our understanding of black men as “men first” limits the ways in which we talk about emotions, and in accepting the emotional experiences of black men as given we can miss the ways in which the African American culture has its own codes of gender performance. In this dissertation, I touched upon the power of heteronormativity in the form of black heterosexual desire as strong contributor to the “feeling rules” which inform black men’s emotional performances; however, I believe further work can be done to understand the active role black women play in that process, not as props but as equals. What is needed is a further understanding of how black women model emotional strength and the ways in which African American men interpret and employ similar models of strength in their own lives.

In conclusion, African Americans’ encounter with depression, whether diagnosed or not, is first and always, social and cultural encounter. It involves African Americans’ cultural investments in strength, which have helped African American survive slavery its kin. It is an investment that is very much present in African Americans’ emotional worlds. It is a history of certain values of emotional performance, values that influence what we see in ourselves and our relationships to others. Letting go of such a investment in strength is not easy; and asking African Americans to accept a decontextualized medical explication of depression is, in part,

like asking them to let go of that history. The only problem with that solution is history seldomly lets go of us.

Appendix A



Photographs by Ernest Withers

Appendix B

CONSENT FORM

Project Title	Perceptions of Emotional and Mental Well Being Among African American Men
Why is this research being done?	<i>This is a research project being conducted by, Dr. Sheri L Parks (Principal Investigator) and Tyrone A. Stewart (Co-Investigator) at the University of Maryland, College Park. We are inviting you to participate in this research project because you are an African American/ Black Man eighteen years of age or older. The purpose of this research is to determine how African American adult men – from various backgrounds – understand, define, and experience emotional well-being and how emotion operates in their understanding of manhood.</i>
What will I be asked to do?	<p><i>The procedures will involve individual meetings with the Co-investigator (Tyrone A. Stewart) where participants will be asked to complete a written questionnaire and an interview which will be tape recorded. These meetings should take about 60 minutes to complete and will take place at a location agreed upon by the Participant and Tyrone A. Stewart.</i></p> <p><i>The written questionnaire will ask basic demographic questions of the Participants as well as a few short answer questions which will require them to self-define terms key to the study.</i></p> <p><i>The interview (to be tape recorded for accuracy in transcription) will involve a brief conversation about how the participants perceive African American manhood and emotional performance, in their understanding of the past and present.</i></p> <p><i>At the completion of the individual meetings the participants will be asked if they would like to participate in further follow-up interviews which will delve more deeply into their life histories using the same framework of emotional well-being and individual understanding of manhood.</i></p>
What about confidentiality?	<p><i>We will do our best to keep your personal information confidential. To help protect your confidentiality, all information collected in this study is will be kept confidential and the all records (completed written instruments and recorded interviews) will be kept solely by the Co-investigator (Tyrone A. Stewart). These paper forms and digital recording will be kept of the Co-investigator’s password protected computer.</i></p> <p><i>In working with these materials and the final document(s) produced by this study you will not be identified by name or by</i></p>

Project Title	Perceptions of Emotional and Mental Well Being Among African American Men
<p>→ Check One</p>	<p><i>other clear indicators of identity. In the handling of your data, your written responses and recorded comments will be coded so as to maintain your confidentiality. Only the Co-investigator, Tyrone A. Stewart, will have an identification key.</i></p> <p><i>This research project involves making audiotapes of your responses, in order to aid in the transcription and comparison of your response to others in the study. Initial below to indicate your decision, please.</i></p> <p>___ <i>I agree to be audio-taped during my participation in this study.</i></p> <p>___ <i>I do not agree to be audio-taped during my participation in this study.</i></p> <p><i>The audio tapes will be destroyed or erased (if digital) upon the final completion and approval of the dissertation of Tyrone A. Stewart, AMST, UMCP.</i></p> <p><i>If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i></p>
What are the risks of this research?	<i>There are no known risks associated with participating in this research project; however, you may experience feelings discomfort, anger, and/or frustration due to the sensitive nature of the interview questions.</i>
What are the benefits of this research?	<i>This research is not designed to help you personally, but the results may help the investigators learn more about how social-class, upbringing, religiosity, and, parenthood, relationships, age/generation, et al., impact black men’s understanding or emotional health and manhood. We hope that, in the future, other people might benefit from this study through improved understanding of Black men’s own vision of emotional well-being.</i>
Do I have to be in this research? May I stop participating at any time?	<i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify; however, you may be asked to provide a brief written or oral indication of why. Also, your participation may be terminated without your consent in the latter life history” stage due to the resources and time constraints of the Co-investigator (Tyrone A. Stewart).</i>
What if I have	<i>This research is being conducted by Dr. Sheri L. Parks and the</i>

Project Title	Perceptions of Emotional and Mental Well Being Among African American Men	
questions?	<p><i>American Studies Department at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Dr. Sheri L. Parks at: (301) 405 6255 [1102 Holzappel Hall, College Park, MD 20742] (301) 405-1354, slp@umd.edu</i></p> <p><i>If you have questions about your rights as a research subject or wish to report a research-related injury, please contact:</i> Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) irb@deans.umd.edu; (telephone) 301-405-0678</p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Age of Subject and Consent [Please note: Parental consent always needed for minors.]	<p><i>Your signature indicates that:</i> <i>you are at least 18 years of age;</i> <i>the research has been explained to you;</i> <i>your questions have been fully answered; and</i> <i>you freely and voluntarily choose to participate in this research project.</i></p>	
Signature and Date [Please add name, signature, and date lines to the final page of your consent form]	NAME OF SUBJECT	
	SIGNATURE OF SUBJECT	
	DATE	

Father's Education Level No College Some College (but didn't graduate)
 Bachelor's Degree Master's Degree
 Doctoral Degree _____
Other (please specify)

Father's Occupation _____
Please Specify (be as exact as possible)

Class Background

How would you characterize your socioeconomic background and/or the way you grew up?

- Poor/Low-Income Working Class
 Middle Class Wealthy/Affluent

Briefly describe why you see yourself as a member of the socio-economic class you checked above during your upbringing?

How would you characterize your socioeconomic position now?

- Poor/Low-Income Working Class
 Middle Class Wealthy/Affluent

Briefly describe why you see yourself as a member of the socio-economic class you checked above?

Relationships

Are you married, single (never-married), divorced, or a widower? (Circle one)

If you were ever married, how many times have you been married?

If you are presently or previously married, how important is your marriage to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

Are you in a committed romantic/sexual relationship?

Yes / No (Circle One)

If you are in a committed romantic/sexual relationship, how important is this relationship to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

Do you have any children?

Yes / No (Circle One)

If you answered yes to the above question, how important is your relationship to your child/children to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important is your relationship with your father to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important is your relationship with your mother to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important is your relationship with other male relatives to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important is your relationship with other female relatives to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

On the whole, how important is your relationship with your family (in general) to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important are your friendships with black men to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important are your friendships with men (of any race/ethnicity) to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important are your friendships with black women to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

How important are your friendships with women (of any race/ethnicity) to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

Religion/Spirituality

Are you a religious or spiritual person?

Yes / No.

What faith or denomination do you subscribe to?

How important is your faith to your present mental health or well-being? (Check a number)

Not Important 0 1 2 3 4 5 6 7 8 9 10 Very Important

Appendix D

Perceptions of Emotional and Mental Well Being Among African American Men *IRB Renewal: 06-0385*

Interview Questions

1. How would you define mental health or emotional well-being?
 - a. What does “mental health” mean to you?
 - b. What does “emotional health ‘look like’ to you?
 - c. I am looking for your personal definition not an official one...
2. What are African American men’s primary resources in achieving or maintaining mental health or emotional well-being? What strengths, people, or institutions do African American men have that help them in this goal? Elaborate with examples.
3. What are the primary threats to African American men’s mental health or emotional well-being? Elaborate.
4. Is achieving and maintaining mental health or emotional well-being for different for African American men compared to men of other races or ethnicities? Elaborate.
5. What affects do you feel popular representations or perceptions of black men (from media to social policy) have had on African American men’s mental health or emotional well-being? Elaborate with examples.
6. In your opinion, how do you feel African American men’s mental health or emotional well-being compares to the mental health or emotional well-being of black men 20 years ago? Elaborate.
7. In your opinion, how do you feel African American men’s mental health or emotional well-being compares to the mental health or emotional well-being of black men 50 years ago? Elaborate.
8. Do you feel African American men, overall, are presently in a state of crisis in regards to their mental health or emotional well-being? Why or why not?
9. What questions if any would you have liked me to ask you?
10. Was there anything else that we should have talked about?

Appendix E

DSM-IV Depressive Episode

- A distinct period of at least 2 weeks during which there is either a depressed mood or the loss of interest or pleasure in nearly all activities
- At least 5 of the following:
 - Depressed mood most of the day, nearly every day
 - Markedly diminished interest or pleasure in all (or almost all) activities
 - Significant weight loss when not dieting or weight gain
 - Insomnia or hypersomnia nearly every day
 - Psychomotor agitation or retardation
 - Feelings of worthlessness or excessive guilt
 - Diminished ability to think or concentrate
 - Recurrent thoughts of death or suicidal ideation, or suicide attempt
- Causes a marked impairment in occupational or social functioning

APA (1994), Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Washington, D.C.: APA

Appendix F

ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials _____

Date of Assessment _____

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Adapted from Zung, A self-rating depression scale, *Arch Gen Psychiatry*, 1965;12:63-70.

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Appendix G

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: + +

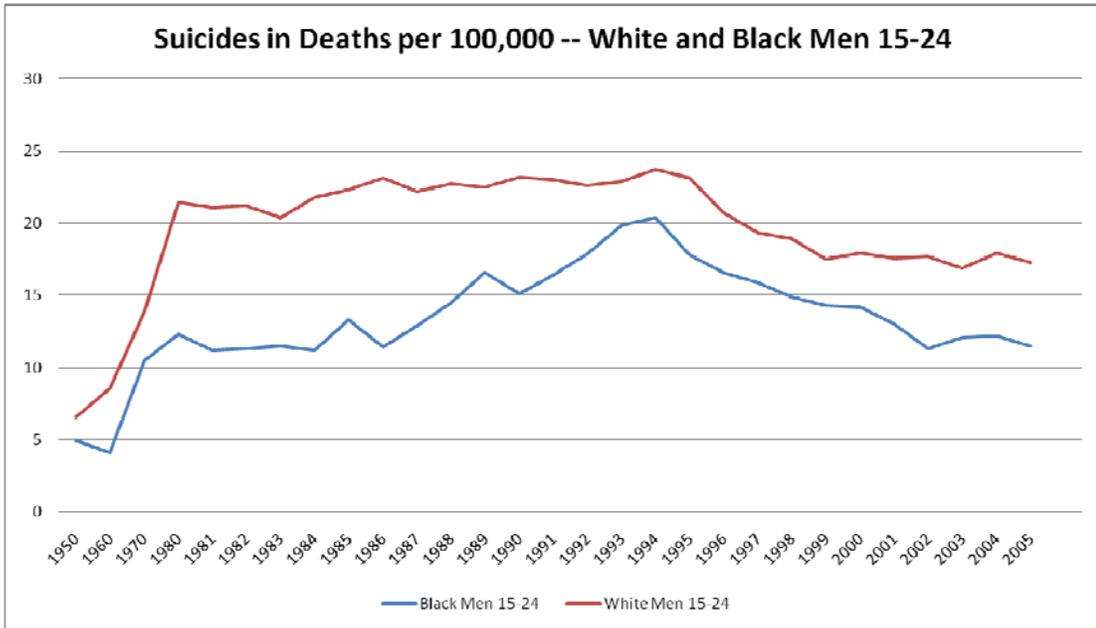
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL:

10. If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

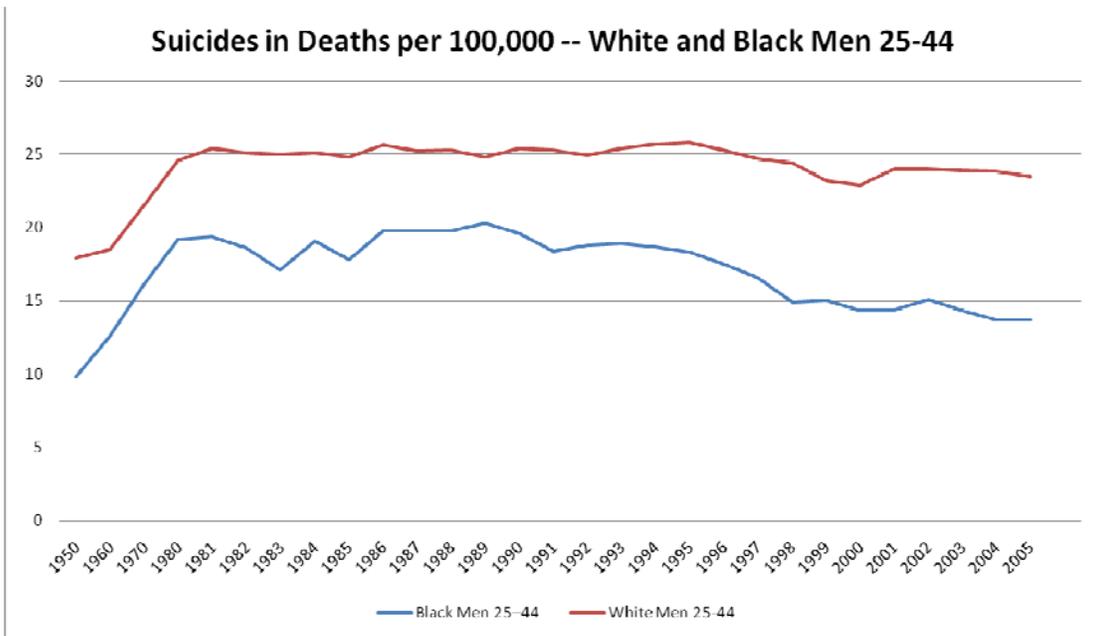
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Appendix H



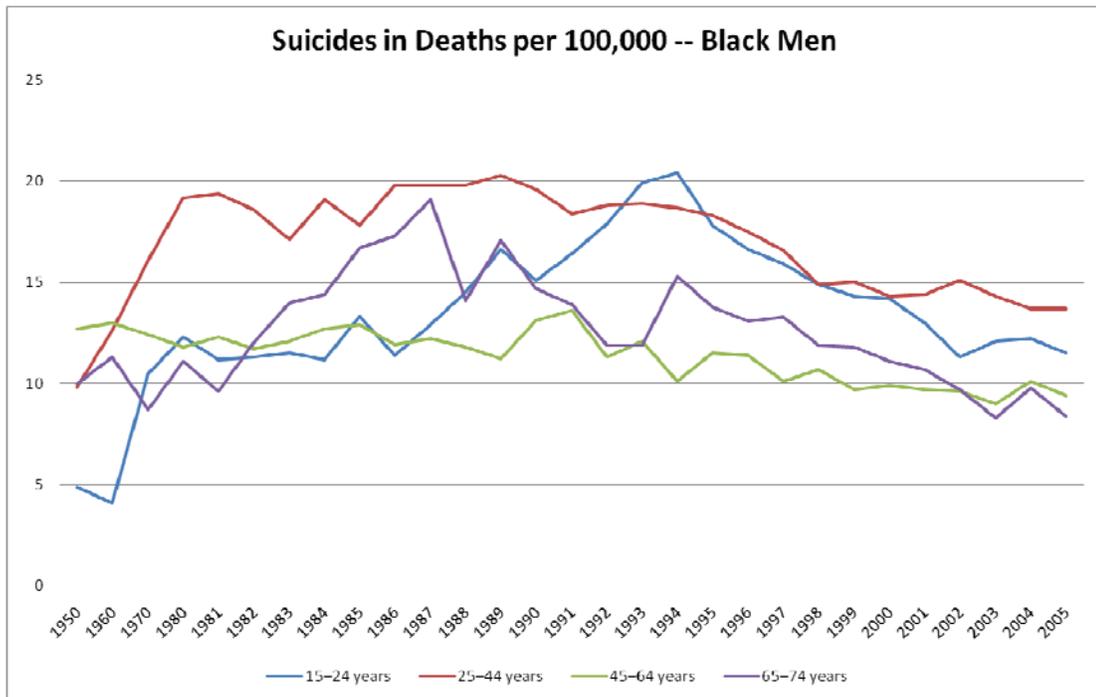
National Center for Health Statistics, and Center for Disease Control and Prevention. "Death Rates for Suicide, by Sex, Race, Hispanic Origin, and Age: United States, Selected Years 1950-2005 (Table 46)." 230-32. Washington, D.C.: U.S. Department of Health and Human Services, 2007.

Appendix I



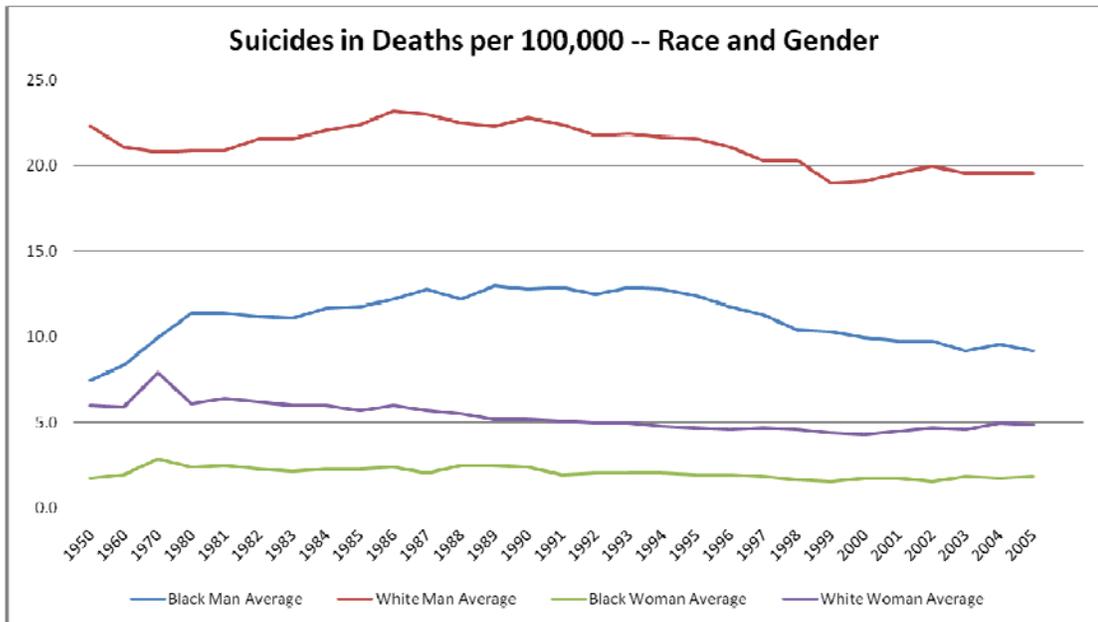
National Center for Health Statistics, and Center for Disease Control and Prevention. "Death Rates for Suicide, by Sex, Race, Hispanic Origin, and Age: United States, Selected Years 1950-2005 (Table 46)." 230-32. Washington, D.C.: U.S. Department of Health and Human Services, 2007.

Appendix J



National Center for Health Statistics, and Center for Disease Control and Prevention. "Death Rates for Suicide, by Sex, Race, Hispanic Origin, and Age: United States, Selected Years 1950-2005 (Table 46)." 230-32. Washington, D.C.: U.S. Department of Health and Human Services, 2007.

Appendix K



National Center for Health Statistics, and Center for Disease Control and Prevention. "Death Rates for Suicide, by Sex, Race, Hispanic Origin, and Age: United States, Selected Years 1950-2005 (Table 46)." 230-32. Washington, D.C.: U.S. Department of Health and Human Services, 2007.

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